



MONTGOMERYSHIRE COUNTY COUNCIL



ANNUAL REPORT

on the

HEALTH OF THE COUNTY

FOR THE YEAR 1972

**COUNTY HEALTH OFFICES,
NEWTOWN,
MONTGOMERYSHIRE.
SEPTEMBER, 1973**

MONTGOMERYSHIRE COUNTY COUNCIL



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NEWTOWN,
MONTGOMERYSHIRE.**

**E. S. LOVGREEN
M.B., Ch.B., M.F.C.M., D.P.H**

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Whilst there were some developments in the Ambulance Service there is still a great deal to be done to reach the standards found in services that have been operating with full-time personnel for many years. The need for improved communication and a twenty-four hour control will become an essential part of the service in the extended area of Powys. It was therefore with regret that I reported the decision to defer the ordering of new radio equipment advised by the Ministry of Posts and Telecommunications and designed to enable all ambulance services to link up with their neighbouring authorities, both for routine work and in emergencies. I trust that following consideration of this by the new Joint Liaison Committee Working Group, that further consideration will be given to implementing this scheme.

The School Health Service report shows how developments in this service have been made in the field of special education. The progress made in the services to the child handicapped by deafness or partial hearing loss is now very well presented in the report of the specialist teacher.

The report on the Remedial Services brings out the developments that have followed the appointment of a full-time Educational Psychologist in the County.

At Brynlllywarch and Cyfronydd the experience with children attending on a day basis shows that where transport to and from the schools is practicable, this has a valuable place in the range of services provided and enables parents more readily to accept places for their children at these schools. It also maintains the link with the home and this is seen in the response from the child to the special education they receive.

Improvements at Llys Maldwyn and Newtown Special School, both in staffing ratios, and in facilities, have given an impetus to the work with these severely handicapped children.

The Co-ordinating Committee for the Handicapped School Leavers has continued to provide a most valuable link between the services provided by the School Health Service and those provided by other bodies for the adult handicapped, and in easing the transition from school to employment for the handicapped child.

Dr. Simmons' report on the Child Guidance Service in North Wales and the service it has given to Montgomeryshire in 1972 emphasises the need for an integrated hospital- local authority service in this field. It recalls the beginnings of this service in the North Wales counties and looks forward to the future and the developments that could take place. The outcome of these developments, and their effect in Montgomeryshire when Powys comes into being, are not clear at this point in time. One hopes that the links will be maintained and strengthened as Dr. Simmons would wish.

Mr. Reece's report on the school dental service reflects the atmosphere of change. His secondment to the course in Dental Public Health is a gesture of confidence in his ability and will be reflected in the service in the future.

This report could not have been prepared without the support of all the members of the staff of the Health Department and I thank them for their loyal support and their readiness to respond to whatever demands are put upon them.

The School Health Service would not be able to operate without the help and support of members of the Education Department staff, head teachers and their colleagues, and I thank them for their continued support.

The voluntary organisations in Montgomeryshire continue to give the Department every assistance possible, and I would thank them all for their help throughout the year.

To the Members of the Health Committee and to its Chairman, Alderman H.R. Humphreys, I also am indebted for their patience with me and the support they have given.

I am,

Mr. Chairman, Ladies & Gentlemen

Your obedient servant,

E.S. LOVGREEN

County Medical Officer of Health
and Principal School Medical Officer

September, 1973

COUNTY HEALTH STAFF

County Medical Officer of Health & Principal School Medical Officer	E.S. Lovgreen M.B, Ch.B M.F.C.M, D.P.H.
Deputy County Medical Officer & Deputy Principal School Medical Officer	E. Valma Woodcock M.B, Ch.B. M.F.C.M, D.P.H.
Medical Officers	Amelia Evans B.Sc, M.B, B.Ch, D.P.H. Elinor M. Greville M.R.C.P, L.R.C.P, D.P.H.
Principal School Dental Officer	J.A. Reece L.D.S, (V.U.Manc.)
Area Dental Officer	N.J. Riches L.D.S, R.C.P.S, B.D.S.
Dental Officer	J.H. Bronner B.D.S. (Lond.)
Director of Nursing Services	Miss S.D. Wilson S.R.N, S.C.M, H.V.
Food & Drugs Inspector	L.O. Bright
Ambulance Officer	T.C. Davies
Senior Chiropodist	D. Jones Williams
Speech Therapist	Miss P.K. Evans L.C.S.T.
Ambulance Control Staff	B. Owen A.I.A.O, A.F.I.C.D. H.V.B. Lee
Dental Assistants	Miss P.M. Lewis Mrs. J.M.D. Stephens Mrs. G. Wilson (to April 1972) Mrs. B. Jones Mrs. B. Reece

Office Staff:

D.W. Rees S.B.St.J, F.I.A.O. (Chief Clerk)
W.B. Davies
Mrs. E.G. Pratt
Mrs. M.J. Davies
Mrs. M. Owen (to June 1972)
Mrs. N.C. Williams (from June 1972)
Miss E.B. Evans (to July 1972)
Miss A. Owen (from July, 1972)

COMMUNITY HEALTH VISITING AND NURSING STAFF:

<u>Health Visitors:</u>	Miss G.E. Bryan S.R.N, S.C.M, H.V.
	Miss M.E. Gravelle S.R.N, S.C.M, H.V.
	Mrs. E.F. Humphreys S.R.N, S.C.M, H.V.
	Miss M.E. Jones S.R.N, H.V. (Pt. I Midwif.)
	Miss N.L. Jones S.R.N, S.C.M, H.V.
	Mrs. B.R. Kaktins S.R.N, S.C.M, H.V.
	Miss M.E. Lewis S.R.N, S.C.M, H.V.
	Mrs. M.E. Ryder S.R.N, S.C.M, H.V.
	Miss G.M. Owen S.R.N (from 9.10.72)
	Mrs. O. Phillips S.R.N, S.C.M.(from 2.10.72 - 13.12.72)
S.R.Ns to Assist H.V.s	

Health Centre, G.P. Premises or District

NURSING STAFF:

MACHYNLLETH CEMMAES ROAD	Mrs. E. Humphreys S.R.N. Mrs. P. Edwards S.R.N, N.D.N.cert. Mrs. E. Edwards S.C.M
LLANIDLOES	Mrs. O. Hamer S.R.N, S.C.M. Mrs. M.S. Richards S.R.N, S.C.M, N.D.N.cert.
LLANDINAM CAERSWS	Mrs. J.A. Griffiths S.E.N, S.C.M. Mrs. B. Davies S.R.N, Q.N.
NEWTOWN	Mrs. M. Finucane S.R.N, S.C.M, Q.N. Mrs. M.D. Grant S.R.N, S.C.M. (from 1.5.72) Mrs. D. Haynes S.E.N, Q.N.(E)
MONTGOMERY	Mrs. J.A. Yewdall S.R.N, S.C.M Mrs. R.M. Picken S.R.N Mrs. B.A. Evans S.R.N, S.C.M (part-time from 6.11.72)
BERRIEW	Miss M.D. Lewis S.R.N, S.C.M, Q.N.
WELSHPOOL	Mrs. M.G. Harding S.R.N, S.C.M, N.D.N.cert Mrs. P.M. Owen S.R.N, O.N.C. Mrs. D.M. Lum S.R.N, S.C.M Mrs. A. Evans S.R.N. (part-time) Mrs. C.J. Herbert S.R.N, Pt. I Midwif.(Temporary relie from 22.11.72)
FOUR CROSSES	Mrs. P. Davies S.R.N, S.C.M Mrs. E.J. Bebb S.R.N, S.C.M.(part-time from 16.10.72)
LLANFAIR CAEREINION	Mrs. M.A. James S.R.N, S.C.M. Mrs. E.C. Owen S.R.N. (from 1.2.72) Mrs. L. Williams, Q.N.(E)
LLANFYLLIN	Mrs. M.L. Jones S.E.N, S.C.M. Mrs. M. Price S.E.N.
LLANWDDYN/ LLANRHAEADR	Miss S.J. Watkins S.E.N, S.C.M. Miss E. Roberts S.E.N.

CONSULTANTS AVAILABLE FOR COUNTY HEALTH SERVICES:

Chest Physicians	Dr. G.O. Thomas O.B.E, M.D, M.B, B.Ch. Dr. E. Clifford Jones M.B, B.S, M.R.C.S, L.R.C.P.
E.N.T. Surgeon	Mr. R. Barraclough M.B.E, T.D, D.L.O, M.B, Ch.B.
Ophthalmic	Mr. J.F. Cogan F.R.C.S, D.O, M.B, Ch.B. Dr. M. Rowland Hughes M.B, B.Ch, D.O, M.S. Dr. Kenyon Jones M.B, Ch.B, D.O.
Orthodontic Consultant	Mr. B.T. Broadbent F.D.S, R.C.S
Paediatric Consultant	Dr. E.G.G. Roberts M.R.C.P, M.B, B.Ch, D.C.H.
Child Guidance (North Wales Child Guidance Clinics)	Dr. E. Simmons M.D, L.R.C.P, L.R.C.S, L.R.F.P. Dr. G.J. Pryce M.B, Ch.B, D.P.M, D.C.H, D.O.C.O.G. Dr. W.I.D. Scott M.D, M.B, Ch.B, D.C.H.

PART I

VITAL STATISTICS

The Registrar General's estimate of the population in mid- 1972 - 43,320, was 210 more than for mid 1971. The population figure obtained from the 1971 Census taken on April 25th, 1971, was 42,761, the lowest Census figure since the first Census in 1801.

The population of the Rural Districts rose slightly, an increase of 20. The Urban District figures, whilst showing an increase of 190 on those of 1971, had still not regained the level of 1901.

The crude live birth rate of 12.6 per 1,000 population was the lowest ever recorded and below the rate for England and Wales. The total number of live births - 544, showed a decrease of 116 on the 1971 figure.

Deaths in the County totalled 612 - 50 more than in 1971. There was thus a natural decrease in the population (total deaths, minus live births) of 68.

The statistics relating to infants, i.e. infant mortality rate, neonatal rate and perinatal mortality rate, all show levels well below the national average, but the stillbirth rate of 13 per 1000 total live and stillbirths was slightly higher than the National Rate. The general picture, however, reflects the standard of maternity care given to the mothers in the County by their general practitioners, hospital staff and the local authority midwives and health visitors, as well as the general standard of living in the community.

The number of illegitimate live births decreased from 63 in 1971 to 50 in 1972. The rate of illegitimate births per 100 live births was 9.2 and was above the National average of 9. Over the past eleven years in Montgomeryshire this figure has fluctuated from 4.4% to 10.4% (in 1968), with an average of 7.4%.

There were no maternal deaths during the year.

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY:

Area of Administrative County	...	510,110 Acres
Rateable Value - 1972/73	...	£1,054,423
Product of 1p Rate	...	£9,942

POPULATION:

<u>Census</u>	<u>Urban Districts</u>	<u>Rural Districts</u>	<u>Whole County</u>
1901	20,095	34,806	54,901
1951	18,008	27,982	45,990
1961	18,343	25,885	44,228
1971	19,011	23,750	42,761

Registrar General's Estimate:

1967	18,500	25,090	43,590
1968	18,360	24,440	42,800
1969	18,600	24,270	42,870
1970	18,900	24,370	43,270
1971	19,450	23,660	43,110
1972	19,640	23,680	43,320

Census Decrease:

1901 - 1971 1,084 (5.4%) 11,056 (31.8%) 12,140 (22.1%)

BIRTHS IN MONTGOMERYSHIRE COMPARED WITH ENGLAND AND WALES
1971/72

	MONTGOMERYSHIRE						RATES		ENGLAND & WALES	
	1 9 7 1			1 9 7 2			1971	1972	1971	1972
	Male	Fem	Total	Male	Fem.	Total				
<u>LIVE BIRTHS</u>										
Legitimate	287	310	597	239	255	494				
Illegitimate	29	34	63	28	22	50				
Live Birth Rate per (Crude)							15.8	12.6	16.0	14.8
(Adjusted)							16.8	14.9	16.0	14.8
1000 Population										
Illegitimate live births - % of total live births							9.5	9.2	8.0	9.0
<u>STILL BIRTHS</u>										
Legitimate	3	3	6	3	4	7				
Illegitimate	-	2	2	-	-	-				
Rate per 1000 total live & still births							12.0	12.7	12.0	12.0
Total live and still births	319	349	668	270	281	551				
Infant deaths (deaths under 1 year)	7	2	9	1	-	1				

INFANT MORTALITY RATES:

	Rates		England & Wales	
	1971	1972	1971	1972
Total Infant Deaths per 1000 total live births	13.6	1.8	18.0	17.0
Legitimate Infant Deaths per 1000 legitimate live births	15.1	2.0	17.0	17.0
Illegitimate Infant Deaths per 1000 illegitimate live births	0.0	0.0	24.0	21.0
Neonatal Mortality Rate (deaths under 4 weeks per 1000 total live births)	3.0	1.8	12.0	12.0
Early Neonatal Mortality Rate (deaths under 1 week per 1000 total live births)	3.0	1.8	10.0	10.0
Perinatal Mortality Rate (Still births and deaths under 1 week combined per 1000 total live + still births)	15.0	14.2	22.0	22.0
<u>MATERNAL MORTALITY (including Abortions)</u>				
Number of deaths	--	--		
Rate per 1000 total live + still births	--	--		

INFANT DEATHS IN THE TEN SANITARY DISTRICTS, 1970 - 1971

SANITARY DISTRICTS	DEATHS OF INFANTS					
	1971			1972		
	Under 4 weeks	4 weeks - 1 yr	Total Under 1 yr.	Under 4 weeks	4 weeks - 1 yr	Total Under 1 year
Llanfyllin M.B.	-	-	-	1	-	1
Llanidloes M.B.	-	-	-	-	-	-
Machynlleth U.D.	1	-	1	-	-	-
Montgomery M.B.	-	1	1	-	-	-
Newtown & Llan-llwchaiarn U.D.	-	2	2	-	-	-
Welshpool M.B.	-	1	1	-	-	-
URBAN AREAS	1	4	5	1	-	1
Forden R.D.	-	-	-	-	-	-
Llanfyllin R.D.	-	1	1	-	-	-
Machynlleth R.D.	-	-	-	-	-	-
Newtown & Llanidloes R.D.	1	2	3	-	-	-
RURAL AREAS	1	3	4	-	-	-
WHOLE COUNTY	2	7	9	1	-	1

DEATHS:

There was an increase of 50 in the total number of deaths for the year 1972 compared with 1971 and a corresponding increase in the crude and adjusted death rates. There is little change in the pattern of deaths from the various causes as shown in the tables. This pattern has remained remarkably constant over the last few years and it is difficult to see any likelihood of changes in the near future.

<u>Deaths</u>	<u>1971</u>	<u>1972</u>
Males	300	333
Females	<u>262</u>	<u>279</u>
	<u>562</u>	<u>612</u>

Death Rate per 1000 estimated population :-

	<u>1971</u>	<u>1972</u>
Crude	13.0	14.1
Adjusted	11.6	11.4
	?	?

CHIEF CAUSES OF DEATH

CAUSES OF DEATH	1 9 7 1		1 9 7 2	
	No. of Deaths	Percent. of Total Deaths	No. of Deaths	Percent. of Total Deaths
Cancer - all forms	103	18.3	118	19.3
Heart diseases and circulatory diseases	218	38.8	265	43.3
Vascular lesions of nervous system	105	18.7	98	16.0
Pneumonia	17	3.0	19	3.1
Bronchitis	21	3.7	18	2.9
Other defined and ill-defined diseases	14	2.5	12	1.9
Motor Vehicle and other accidents	20	3.6	16	2.6
Suicide	3	0.5	3	0.5

Deaths from Motor Vehicles and Other Accidents and Suicides:

	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>
Motor Vehicles									
Accidents	8	4	12	4	10	5	6	4	8
All other									
Accidents	15	13	8	11	8	13	13	16	8
Suicide	5	5	2	2	3	5	2	3	3

*With the Compliments
of the
County Medical Officer of Health
and
Principal School Medical Officer*

COUNTY HEALTH OFFICES,
NEWTOWN,
MONTG.

DEATHS FROM VEHICULAR AND OTHER ACCIDENTS

Years	Vehicular Accidents						Other Accidents					
	1 9 7 1			1972			1971			1 9 7 2		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0 - 1	-	-	-	-	-	-	1	-	1	-	-	-
1 - 4	-	-	-	-	-	-	-	-	-	-	-	-
5 - 14	-	-	-	2	-	2	1	-	1	-	-	-
15 - 24	2	-	2	5	1	6	-	-	-	-	-	-
25 - 44	-	-	-	-	-	-	3	-	3	3	-	3
45 - 64	-	-	-	-	-	-	6	-	6	1	-	1
65 - 74	1	-	1	-	-	-	1	1	2	-	-	-
75 & over	1	-	1	-	-	-	-	3	3	1	3	4
TOTALS	4	-	4	7	1	8	12	4	16	5	3	8

DEATHS FROM CANCER, ACCORDING TO AGE, SEX & LOCALISATION OF DISEASE
1972

LOCALISATION	Sex	1-4 yrs	5-14 yrs	15-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65-74 yrs	75 & over	Total
Buccal Cavity etc.	M	-	-	-	-	-	-	-	1	-	1
	F	-	-	-	-	1	-	-	1	1	3
Oesophagus	M	-	-	-	-	-	-	1	-	1	2
	F	-	-	-	1	-	-	-	-	1	2
Stomach	M	-	-	-	-	-	-	1	5	4	10
	F	-	-	-	-	-	1	-	2	4	7
Intestine	M	-	1	-	-	-	2	2	5	5	15
	F	-	-	-	-	-	1	2	3	3	9
Lung, Bronchus	M	-	-	-	-	-	-	5	7	5	17
	F	-	-	-	-	-	1	1	1	-	3
Breast	M	-	-	-	-	-	-	-	-	1	1
	F	-	-	-	-	1	1	4	-	2	8
Uterus	F	-	-	-	-	-	1	1	1	1	4
Prostate	M	-	-	-	-	-	-	-	-	5	5
Other.	M	-	-	-	-	-	3	4	3	6	16
	F	-	-	-	-	1	1	4	1	4	11
Leukaemia	M	-	-	-	-	-	1	-	-	1	2
	F	-	-	-	-	-	1	-	-	1	2
TOTALS	M	-	1	-	-	-	6	13	21	28	69
	F	-	-	-	1	3	7	12	9	17	49

DEATHS FROM CANCER AND LEUKAEMIA, 1964 - 1972

LOCALISATION OF DISEASE	Number of Deaths (Montgomeryshire)									
	1964	1965	1966	1967	1968	1969	1970	1971	1972	
Stomach	20	13	14	13	18	14	12	10	17	
Lung, Bronchus	16	18	19	18	15	22	19	16	20	
Breast	6	4	7	8	10	15	13	12	9	
Uterus	8	6	2	3	6	5	6	5	4	
Other Forms	40	52	64	46	44	55	53	57	64	
Leukaemia	3	2	1	7	3	1	2	3	4	
ALL FORMS	93	95	107	95	96	112	105	103	118	

ANALYSIS OF VITAL STATISTICS FOR THE TEN LOCAL SANITARY AUTHORITIES - 1972

SANITARY DISTRICTS	Popula- tion	Live Births	Rate per 1000 pop- ulation	Still- Births	Percent- tage of live births	Illeg- itimate births	Percent- tage of total births	Infant Deaths Under 1 year	Rate per 1000 live births	Deaths (all causes)	Rate per 1000 pop- ulation
Llanfyllin M.B.	1090	11	10.1	-	-	1	9.1	1	90.9	16	14.7
Llanidloes M.B.	2310	29	12.6	-	-	3	10.3	-	-	51	22.1
Machynlleth U.D.	1790	29	16.2	-	-	4	13.7	-	-	25	14.0
Montgomery M.B.	1000	17	17.0	-	-	1	5.9	-	-	17	17.0
Newtown & Llanllwchaearn UD	6200	81	13.1	1	1.2	6	7.3	-	-	80	12.9
Welshpool M.B.	7250	104	14.3	1	0.9	7	6.7	-	-	98	13.5
URBAN DISTRICTS	19,640	271	13.8	2	0.7	22	8.1	1	3.7	287	14.6
Fordeu R.D.	4890	44	9.0	1	2.3	3	6.7	-	-	67	13.7
Llanfyllin R.D.	8190	89	10.9	1	1.1	14	15.6	-	-	125	15.3
Machynlleth R.D.	2420	21	8.7	1	4.8	2	9.1	-	-	31	12.8
Newtown & Llanidloes R.D.	8180	119	14.5	2	1.8	9	7.4	-	-	102	12.5
RURAL DISTRICTS	23,680	273	11.5	5	1.8	28	10.1	-	-	325	13.7
WHOLE COUNTY	43,320	544	12.6	7	1.1	50	9.1	1	1.8	612	14.1
1971 Comparative Figures	43,110	660	15.3	8	1.2	65	9.7	9	13.6	562	13.0

POPULATION TRENDS IN THE TEN SANITARY AREAS OF MONTGOMERYSHIRE

1901 - 1972

DISTRICTS	Population 1901	Population 1946	1901-1946 Percentage Increase or Decrease	Population Registrar General's Estimate	1946-1972 Percentage Increase or Decrease	1901-1972 Percentage Increase or Decrease
Llanfyllin M.B.	1632	1379	-15.5	1090	-21.0	-33.2
Llanidloes M.B.	2770	2148	-22.5	2310	+ 7.0	-16.6
Machynlleth U.D.	2038	1827	-10.4	1790	- 2.3	-12.2
Montgomery M.B.	1034	841	-18.7	1000	+18.9	- 3.3
Newtown & Llanllwchaearn U.D.	6500	4901	-24.6	6200	+26.5	- 4.6
Welshpool M.B.	6121	5474	-10.6	7250	+32.4	+18.4
<u>URBAN DISTRICTS</u>	20,095	16,570	-17.5	19,640	+18.5	- 2.3
Forden R.D.	5784	4788	-17.2	4890	+ 2.1	-15.5
Llanfyllin R.D.	12817	10420	-18.7	8190	-21.4	-36.1.
Machynlleth R.D.	4357	3224	-26.1	2420	-24.9	-44.5
Newtown & Llanidloes R.D.	11848	9678	-18.3	8180	-15.5	-31.0
<u>RURAL DISTRICTS</u>	34,806	28,110	-19.2	23,680	-15.8	-31.9
<u>WHOLE COUNTY</u>	54,901	44,680	-18.6	43,320	- 3.0	-21.9

Influenza	-	6	-	-	1	1	8	-	-	1	1	9
Pneumonia	-	-	-	-	3	5	8	1	4	4	11	19
Bronchitis and Emphysema	-	1	-	1	4	5	11	1	-	4	7	18
Asthma	-	-	-	-	-	1	1	-	3	-	3	4
Other Diseases of Respiratory System	-	3	1	-	-	-	4	1	-	-	1	6
Intestinal Obstruction and Hernia	-	-	-	-	-	1	1	-	-	1	2	3
Peptic Ulcer	-	-	-	-	-	1	1	-	-	-	-	1
Appendicitis	-	-	-	-	-	-	-	-	1	-	1	1
Other Diseases of Digestive System	-	-	-	-	2	2	4	-	-	-	-	4
Nephritis and Nephrosis	-	1	-	-	-	-	1	-	-	1	1	2
Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	1	1	1
Other Diseases of Genito-Urinary System	-	2	-	-	1	-	3	-	-	1	1	4
Diseases of Musculo-Skeletal System	-	-	-	-	-	-	-	1	-	1	3	3
Congenital Abnormalities	-	-	-	-	1	1	2	-	-	-	-	2
Birth Injury, Difficult Labour etc.	1	-	-	-	-	-	1	-	-	-	-	1
Symptoms and Ill-Defined Conditions	-	1	-	-	-	2	3	1	7	1	9	12
Motor Vehicle Accidents	-	1	1	-	1	3	6	1	1	-	2	8
All Other Accidents	-	-	-	-	1	-	1	1	2	1	7	8
Suicides and Self Inflicted Injuries	-	-	-	-	1	1	2	1	-	-	1	3
All Other External Causes	-	-	-	-	-	-	-	-	-	1	1	1

TOTAL - ALL CAUSES

16	51	25	17	80	98	287	67	125	31	102	325	612
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CAUSES OF DEATH IN THE AREAS
OF THE TEN SANITARY AUTHORITIES - 1972

	LLANFYLLIN M.B.	LLANIDLOES M.B.	MACHYNLLETH U.D.	MONTGOMERY M.B.	NEWTOWN AND LLANLLWCHAIARN U.D.	WELSHPOOL M.B.	URBAN AREAS	FORDEN R.D	LLANFYLLIN R.D.	MACHYNLLETH R.D.	NEWTOWN AND LLANIDLOES R.D.	RURAL AREAS	WHOLE COUNTY
Tuberculosis of Respiratory System	-	-	-	-	-	-	-	-	1	-	-	1	1
Infective & Parasitic Diseases	-	1	-	-	-	-	1	-	1	-	-	1	2
Malignant Neoplasms -	-	1	-	-	-	1	2	-	2	-	-	2	4
Oesophagus	-	1	-	-	-	1	2	-	1	-	-	2	4
Buccal Cavity etc.	-	1	-	-	-	4	7	1	4	-	-	10	17
Stomach	-	1	1	1	-	4	10	1	4	2	3	14	24
Intestine	-	1	-	1	3	5	11	2	5	2	5	9	20
Lung, Bronchus	2	1	-	-	4	4	3	2	4	-	3	6	9
Breast	1	1	-	-	-	1	1	1	1	1	2	3	4
Uterus	-	-	-	-	1	-	1	1	2	-	-	2	5
Prostate	-	-	-	-	1	2	3	1	1	-	-	2	5
Leukaemia	-	-	-	-	1	2	3	-	-	-	1	1	1
Other Malignant Neoplasms	1	-	2	-	6	3	12	1	5	3	6	10	27
Benign & Unspecified Neoplasms	-	-	-	1	-	-	1	-	-	-	-	-	1
Diabetes Mellitis	-	1	-	1	-	-	2	-	2	-	-	2	4
Avitaminosis	-	-	-	-	-	1	1	-	-	-	-	-	1
Other Endocrine etc. Diseases	-	-	-	-	-	-	-	2	1	-	-	-	3
Mental Disorders	-	-	-	-	1	1	2	-	-	-	-	-	2
Anaemias	-	-	-	-	-	-	-	-	-	-	-	-	1
Multiple Sclerosis	-	-	-	-	-	-	-	1	-	-	1	1	1
Other Diseases of the Nervous System	-	-	-	2	-	2	4	-	-	-	1	1	5
Chronic Rheumatic Heart Disease	-	-	-	-	-	-	-	-	2	-	-	2	2
Hypertensive Heart Disease	1	-	-	-	2	4	7	2	3	-	2	7	14
Ischaemic Heart Disease	3	16	13	2	26	27	87	18	31	8	20	77	164
Other Forms of Heart Disease	3	-	3	3	1	5	18	8	11	6	8	33	48
Cerebrovascular Disease	2	8	3	1	18	10	42	9	24	5	18	56	98
Other Diseases of Circulatory System	2	4	1	4	1	2	14	8	2	1	12	23	87

CAUSES OF DEATH - 1972 -
AGE AND SEX DISTRIBUTION

	Sex	ALL AGES	Under 4 wks	4 wks & under 1 year	1 - 4 years	5 - 14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75 yrs & over
Tuberculosis of Respiratory System	M	1	-	-	-	-	-	-	-	-	1	-	-
Infective & Parasitic Diseases	M	2	-	-	-	-	-	-	-	-	1	-	1
Malignant Neoplasm - Oesophagus	M	2	-	-	-	-	-	1	-	-	1	-	1
	F	2	-	-	-	-	-	-	-	-	-	-	-
	M	1	-	-	-	-	-	-	1	-	-	1	1
	F	3	-	-	-	-	-	-	-	-	-	1	1
	M	10	-	-	-	-	-	-	-	-	1	5	4
Buccal Cavity	M	7	-	-	-	-	-	-	-	1	1	2	4
Stomach	M	15	-	-	-	1	-	-	-	2	2	5	5
Intestine	M	9	-	-	-	-	-	-	-	1	2	3	3
Lung, Bronchus	M	17	-	-	-	-	-	-	-	1	5	7	5
Breast	M	1	-	-	-	-	-	-	1	1	4	-	1
Uterus	F	4	-	-	-	-	-	-	-	1	1	1	1
Prostate	M	5	-	-	-	-	-	-	-	-	-	-	5
Leukaemia	M	2	-	-	-	-	-	-	-	1	-	-	1
Other Malignant Neoplasms	M	16	-	-	-	-	-	-	-	3	4	3	6
Benign and Unspecified Neoplasms	M	1	-	-	-	-	-	-	-	-	1	-	-
Diabetes Mellitis	M	2	-	-	-	-	-	-	-	-	-	2	2
Avitaminosis	F	1	-	-	-	-	-	-	-	-	-	-	1
Other Endocrine etc. Diseases	M	1	-	-	-	-	-	-	-	1	1	-	-
Mental Disorders	M	1	-	-	-	-	-	-	-	-	1	-	1
Anaemias	F	1	-	-	-	-	-	-	-	-	-	-	1
Multiple Sclerosis	F	1	-	-	-	-	-	-	1	-	-	-	-
Other Diseases of the Nervous System	M	4	-	-	-	-	1	-	-	1	1	1	1
Chronic Rheumatic Heart Disease	F	2	-	-	-	-	-	-	-	-	1	-	1
Hypertensive Heart Disease	M	7	-	-	-	-	-	-	-	-	-	5	2

INFECTIOUS DISEASES:

A total of 119 cases of infectious diseases were notified in 1972, a decrease of 162 on the previous year.

The main decrease was in the number of cases of measles notified. No major outbreak occurred and the numbers reflect sporadic cases occurring throughout the year.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1972

SANITARY DISTRICTS	Scarlet Fever	Whooping Cough	Measles	Food Poisoning	Tuberculosis Respiratory	Dysentary	Acute Meningitis
Llanfyllin M.B.	-	-	-	-	-	-	-
Llanidloes M.B.	-	-	-	2	-	-	-
Machynlleth U.D.	-	-	-	-	1	-	-
Montgomery M.B.	-	-	29	-	-	-	-
Newtown & Llanllwchaiarn U.D.	-	-	-	-	2	-	1
Welshpool M.B.	10	-	10	-	2	-	-
Forden R.D.	1	-	38	-	-	-	-
Llanfyllin R.D.	-	3	2	-	1	-	-
Machynlleth R.D.	-	-	-	8	4	-	-
Newtown & Llanidloes R.D.	-	-	1	2	1	1	-
TOTALS	11	3	80	12	11	1	1

PART II

CARE OF MOTHERS AND YOUNG CHILDREN

CHILD HEALTH SERVICE:

The number of Child Health Clinics operating at the end of the year through the County was 16, and they are as follows :-

CARNO	Village Hall	2.30	1st Wed. in each month
CAERSWS	Methodist Schoolroom	2.30	last Fri. in each month
CREWE GREEN	Brynhafren School	3.30	3rd Tues. in each month
GUILSFIELD	Old School	2.00	3rd Weds. in each month
LLANBRYNMAIR	The Institute	2.30	2nd Thurs. in each month
LLANDRINIO	Llandrinio Hall	2.00	3rd Tues. in each month
LLANFAIR CAER.	Health Clinic	2.30	2nd & 4th Tues. in each month
LLANFYLLIN	Health Clinic	2.30	Last. Thurs in each month
LLANIDLOES	Health Clinic	2.30	2nd & 4th Weds. each month
LLANSANTFFRAID	Village Hall	2.30	1st Tues. in each month
LLANWDDYN	The Oaks	2.30	2nd Fri. in each month
MACHYNLLETH	Health Clinic	1.30	2nd & 4th Tues. in each month
MEIFOD	Church Room	2.30	last Fri. in each month
NEWTOWN	Health Clinic	2.30	Every Weds. in each month
TREWERN	Community Centre	2.30	1st Thurs. in each month
WELSHPOOL	Health Clinic	2.30	Every Friday in each month

Number of Children who attended during the year :-

Born in 1972	.....	.....	337
Born in 1971	.....	.....	339
Born 1967-70	.....	.....	372
Total individual children	.....	.....	1108
Total attendances	.....	.....	4939

Attendances at Clinics in the County in the last Five Years :-

	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>
Children under 1 year	324	354	302	361	337
TOTAL Individual Children	1014	1046	1171	1191	1108
TOTAL Attendances	4415	4800	4652	4628	4939

WELFARE FOODS:

The County Council continued to arrange the distribution of Welfare Foods to expectant and nursing mothers and children under the age of five years at the Child Health Clinics and at 21 other centres throughout the County.

CONGENITAL ABNORMALITIES:

The scheme whereby all children notified as having abnormalities apparent at birth are reported to the Registrar General's Office continued throughout the year. The information required is obtained from details entered on the Notification Cards completed by the midwife or doctor present at the birth.

Since 1965 the returns have been as follows :-

Number of Malformed Live and Stillborn Infants :-

<u>Year</u>	<u>No. of Malformed Live and Stillborn Infants</u>	<u>Percentage Total Live & Stillbirths</u>
1965	12	1.8
1966	19	3.0
1967	18	2.9
1968	16	2.6
1969	10	1.5
1970	9	1.5
1971	14	2.1
1972	10	1.8

The types of abnormalities notified are detailed below and are grouped under general headings as follows :-

ABNORMALITY	1965	1966	1967	1968	1969	1970	1971	1972
Central Nervous System	4	8	4	3	2	-	3	1
Eye & Ear	-	-	-	-	-	-	2	1
Alimentary System	1	2	2	-	-	1	2	-
Heart & Circulatory System	-	1	-	1	-	-	-	-
Respiratory System	-	-	-	-	-	-	-	-
Urinogenital System	-	-	-	-	-	2	2	3
Limbs	6	7	8	6	5	2	2	4
Other parts of musculo-Skeletal System	-	-	-	-	-	1	-	-
Other Symptoms	1	1	4	5	2	1	-	-
Other Malformations	-	-	1	1	1	2	3	1

AT RISK REGISTER:

A Central register is kept in the Health Department of those children who are considered to be at risk of developing any condition that might affect their development physically, mentally, socially and educationally. This register is compiled from information from many sources - birth notifications, hospital and general practitioners' reports, health visitors, midwives and parents.

Constant review is kept of these children and the register kept up to date by transfers to the register of handicapped children needing special help facilities, or to the normal child health and school health records, whichever is indicated.

SCREENING TESTS FOR PHENYLKETONURIA:

The scheme to screen all infants in Wales carrying out the Woolf Test continued and health visitors have sent the test material regularly to the Cardiff Laboratory of the Department of Metabolic Medicine, Welsh National School of Medicine.

No case of phenylketonuria was detailed during the year. A positive screening test result for Histidinuria was followed up by further examinations at hospital of the child concerned. Reports on blood examinations were negative and the child was considered normal and no further special follow-up required.

FAMILY PLANNING:

The arrangements under the National Family Planning Agency Scheme continued throughout 1971 with the North Wales Branch of the Family Planning Association carrying out the day to day arrangements for the clinics in Montgomeryshire.

The service provides for free consultation and free supplies to medical cases and free consultation only to non-medical cases.

Clinics have continued regularly at the following centres:-

Newtown	- The Health Clinic, Park Street.	First, Third & Fourth Thursdays in each month from 7 p.m. - 8.30 p.m.
Welshpool	- The Health Centre, Salop Road.	Every Tuesday from 7 p.m.

The number of patients seen at the Clinics in 1972 was :-

Clinic	New Patients	Total of all patients attending during year	Total Patient Visits	No. of Sessions	Patients per Session
Newtown	69	151	406	36	11.3
Welshpool	59	208	507	51	9.9
TOTAL	128	359	913	87	

CERVICAL CYTOLOGY:

Arrangements for Cervical Cytology in the County are that women can have the test carried out by their own General Practitioner or at the Family Planning Association Clinics under agreement between the Health Authority and the Family Planning Association.

In January 1971 National arrangements for recall for examination after 5 years came into operation.

The National Health Service Central Register at Southport refers to Executive Councils the original report on women over 35 years of age who had a negative test 5 years previously. Executive Councils check their records and then notify the patients' general practitioners. The general practitioners also check that the patients are still on their lists and advise the Council as to whether, in their view from their medical records the test should be cancelled or postponed.

In cases where the doctor does not reply to this effect the Executive Council forwards the form to the local Health Authority, who then writes to the person direct informing her that a review examination is advisable. Where, after a suitable interval, it appears that the person has not attended her G.P. or a clinic for a further test, a follow-up is made to ascertain why and to encourage re-attendance.

During the first year of this system 144 women have been notified as due for recall. To date 82 have had a follow-up test and 2 have been postponed on medical advice.

Cervical Cytology carried out by General Practitioners - 378

Hospitals - 124

F.P.A. Clinics - 235

737

PART III

NURSING SERVICES

EDUCATION AND TRAINING:

During the year a continued commitment has been accepted to provide the nursing and health visitor staff with up-to-date training and refresher courses. In this way the service to the public is improved, the morale of the staff is maintained and other members of the Health Department Staff and colleagues in other departments have been kept in contact with developments in the nursing field and the broader field of community medicine. We are grateful to the neighbouring counties of Denbighshire and Shropshire for the assistance they have given to us and for their readiness to accept our staff on courses organised by their teaching staff.

District Nurse Training

Five Community Nursing Sisters were seconded to take the three week Theoretical Course at Wrexham and followed this with Practical Training in their own areas in the County and sat the examination for the National Certificate in District Nursing. All were successful.

Refresher Courses and Study Days

The Director of Nursing Services attended a Residential Post-Certificate Course for Supervisors of Midwives at the University of Kent, Canterbury.

Three District Nurse/Midwives attended a Residential Approved Refresher Course for Midwives at University Hall, Penylan, Cardiff, while two attended a Study Day at The Medical Institute, Shrewsbury.

Four Health Visitors attended a Non-residential Health Visitors' Course arranged by Salop County Council at Shrewsbury.

Two Health Visitors attended The Annual Conference of the Health Visitors' Association at Scarborough, the Theme being "Medico-Social Problems of a Changing Society."

One Health Visitor and one District Nursing Sister attended a Royal College of Nursing Conference at Church House, Westminster on The National Health Service Reorganisation.

Six Community Nursing Staff attended the RCN Study Day, Aberystwyth, on "Nursing in the Changing Pattern of Society."

Three State Enrolled District Nurses attended RCN Day Courses at St. Asaph.

Pre-Nursing Course:

In association with the Principal and Staff of the College of Further Education in Newtown, members of the Nursing Staff of this Department have participated in the Pre-Nursing Course. This involvement has included formal lectures in the College and observation visits by the students to clinics, health centres and on home visits with the district nurses.

Midwifery:

Fourteen midwives were employed by the County in 1972 in combined District Nurse/Midwife posts.

The number of home confinements continues to be a very small proportion of the total births and only 12 babies were delivered at home.

In 1972, 379 mothers were discharged before the tenth day

21 within 2 days
194 within 3 - 7 days
164 within 8 or more days

These mothers and babies were nursed by domiciliary midwives during the remainder of the lying-in period.
The total number of visits paid was 1458.

Ante-natal Clinics:

These were carried out by general practitioners at the local hospitals and in their own surgeries. District Nurse/Midwives in some districts attend and assist at ante-natal sessions held at the general practitioners' surgeries.

146 ante-natal visits were made by the midwives to patients in their own homes.

Domiciliary and Institutional Confinements

Year	Total Births (Live & Still)	Domiciliary Confinements		Hospital Confinements	
		Number	Percentage of Total Births	Number	Percentage of Total Births
1939	709	504	71.1	205	28.9
1949	793	307	38.7	486	61.3
1959	716	160	22.3	556	77.7
1969	669	13	1.9	656	98.1

LOANS OF NURSING EQUIPMENT:

Small stocks of nursing equipment such as bed pans, back rests, urinals etc. are held by the individual nurses for issue to patients in need. Larger items of equipment such as beds, mattresses, hoists, wheel chairs, walking aids, are issued from central Health Department store or from the loan depots of the British Red Cross Society and St. John Ambulance Brigade. The demands for such aids continue to increase as the range of aids available widens. We are indebted to the Voluntary Societies for their help in administering this scheme.

HEALTH VISITING:

An enquiry into Health Visiting, reports that "In association with the general practitioners, the Health Visitor will be concerned with a wider range of families than any other comparable worker. She will be in touch with the various family health and welfare teams. She thus has the opportunity to act as a common point of reference and source of standard information; a common adviser on health and teaching - a 'common factor' in family welfare. In the ordinary course of her work and without exceeding her competence, she could be in a real sense a general purpose family visitor".

During 1972 this County has been unable to recruit Health Visitors to meet the full establishment and because of this, further attachment to general practitioners has been delayed.

Cases Visited by Health Visitors During 1972

TYPE OF CASE	Total No. of cases seen	Number of Cases Seen at special request of	
		Hospital	G.P.
Children born in 1972	566	31	-
Other children aged under 5	2990	10	4
Persons aged between 5 & 16 seen as part of health visiting (i.e. excluding those seen as part of school health service.	175	-	12
Persons aged between 17 - 64	240	1	6
Persons aged 65 and over	473	2	14
Households visited on account of Tuberculosis	106	18	-
Households visited on account of other infectious diseases	47	-	4
Households visited for any other reason	135	11	2
TOTAL	4732	73	42
No. of persons included in lines 1 - 5 above who are - Mentally hand.	91	-	2
Mentally ill	31	-	3

Care of Premature Infants:

Total numbers of premature live births notified during 1972

	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>
Born at home	2	1	3	1	1
Born in Hospital	34	34	26	25	24
TOTALS	36	35	29	26	25
<u>Number born at home</u>					
Nursed entirely at home	-	-	-	-	1
Died in first 24 hours	-	1	-	-	-
Died 2nd to 28th day	1	-	-	-	-
Survived at 28 days	1	-	-	1	1
<u>Number born in hospital</u>					
Died within 24 hours	2	1	1	-	-
Died in 1 & under 7 days	1	-	-	1	-
Died in 7 & under 28 days	-	-	-	-	-

COMMUNITY NURSING CARE:

During 1972 further progress has been made to attach nursing staff to general practitioners and work carried out in Health Centres has increased. This has been met by an increase in the establishment of nursing and health visiting staff and has enabled the service to expand according to the demands made upon it as G.P. Practices move to full attachment.

It is clear that with the growing cost of institutional care and treatment, the demands on the community services will continue to increase with a consequential need for further expansion in the number of nurses in the community prior to the reorganisation of the National Health Services in 1974.

Nursing Statistics:

Home Nursing

Place where first treatment during year by home nurse took place	Number of persons treated during the year aged			TOTAL
	Under 5	5 - 64	65 & over	
Patient's home	170	807	1271	2248
Health Centres	230	1232	340	1802
GP's premises (ex. those in Health Centres)	30	214	116	360
Maternity & Child Health centres	-	-	-	-
Hospital	-	-	-	-
Residential Homes	-	-	16	16
Elsewhere	-	15	-	15
TOTAL	430	2268	1743	4441

Cases Visited by Health Visitors During 1972

Health Education Sessions

No. of health education sessions attended by Health Visitors	- At Health Centres	...	24
	At G.P. Premises (excl. those in health centres)	...	1
	At maternity and Child health centres	...	29
	At school	...	2
	In hospital	...	-
	Elsewhere	...	44
	TOTAL	...	100
No. of health education sessions attended by school nurses -			

Case Conferences

No. of case conferences attended by health visitors with :-	Social Workers	...	32
	Hospital Staff	...	-
	General Practitioners...		7
	Any combination of above		1
	Others (i.e. none of the above present)		-
TOTAL			40

SURVEY OF GERIATRIC SERVICES IN WALES:

This survey was instituted throughout Wales by the Welsh Hospital Board in liaison with the Welsh Office and with the co-operation of Consultant Geriatricians, Medical Officers of Health, Directors of Social Services and staff providing care for the elderly, both in hospital and in the community.

The main purposes of the Survey are :-

- 1) to identify the scale of the present services available for the elderly in the community in terms of "gross" and "client" time.
- 2) to establish any known "fall short" in this present service.

- 3) to establish the effect of any changes in the extent of care, or in the present combination of care, from community resources, on the future needs for the elderly in terms of both residential and non-residential care.
- 4) to make appropriate recommendations towards the development of an integrated plan for the care of the elderly.

The work involved each individual Health Visitor and District Nursing Sister completing a survey form in respect of each individual patient attended during the first week in October.

This involved supplying information for the over 65 age group on the type of visit time spent; and the nurses' or Health Visitors' assessment of the adequacy of time required by this patient and her views as to whether the help of other services for the individual was required.

The staff accepted this additional clerical burden willingly and the completed returns were forwarded to the Welsh Office for their detailed analysis.

PART IV

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

IMMUNISATION AND VACCINATION:

During the past few years a number of changes have taken place in the vaccines recommended for administration and in their method of use. There is general agreement on the desirability of a basic course of immunisation with diphtheria, tetanus and pertussis (whooping cough) vaccine during the first year, oral poliomyelitis vaccine being given at the same time, followed by measles vaccination between the second year of life and school entry. Reinforcing doses of diphtheria, tetanus and oral poliomyelitis vaccine are given at school entry.

At 13 years of age all pupils are offered vaccination against Tuberculosis, using the B.C.G. vaccine and also during this year girls are offered vaccination against Rubella (German Measles)

Smallpox vaccination is no longer recommended as a routine procedure in this country following the continuing success of the World Health Organisation Smallpox and Eradication Programme.

Health Department staff are still offered vaccination at intervals and travellers to areas abroad where smallpox is still endemic and to certain other countries are still required to be protected against the disease.

TABLE SHOWING THE NUMBER OF CHILDREN
IMMUNISED AGAINST DIPHTHERIA, WHOOPING
COUGH, TETANUS, POLIOMYELITIS, MEASLES
AND RUBELLA, DURING 1972

Type of Vaccine	Year of Birth					Others Under Age 16	Total
	1972	1971	1970	1969	1965- 1968		
<u>Primary Courses:</u>							
Measles	3	153	133	31	62	10	392
Rubella	-	-	-	-	-	198	198
Diphtheria	14	433	76	10	3	1	537
Whooping Cough	14	433	76	9	3	1	536
Tetanus	14	433	76	10	4	6	543
Polio	11	434	80	11	4	2	542
<u>Re-inforcing Doses:</u>							
Diphtheria	-	-	2	3	457	20	482
Whooping Cough	-	-	2	3	34	-	39
Tetanus	-	-	2	2	469	50	523
Polio	-	-	2	2	414	21	439

TABLE SHOWING THE PERCENTAGES VACCINATED
FOR MONTGOMERYSHIRE, TOGETHER WITH THE
EQUIVALENT NATIONAL FIGURES

	PERCENTAGE OF CHILDREN BORN IN 1970 and VACCINATED BY 31.12.72		
	Whooping Cough	Diphtheria	Poliomyelitis
England	79	81	80
Wales	75	77	78
Montgomeryshire	79	79	80

TUBERCULOSIS:

Eleven cases of tuberculosis were notified during the year, an increase of four on the previous years figures.

Comment was made in the last annual report of the distribution of the cases and the occurrence of a number of cases in the Machynlleth Rural District area of the County. Three of the cases notified in 1972 were in this area and arose as follow up examinations of contacts of the case in Llanbrynmair, his father and mother and two social contacts. The one other case in the Machynlleth Urban District had some contact with a case at Uwchgarreg in the Rural District.

Towards the end of the year cases were notified in a factory worker at Newtown and a schoolboy at Welshpool. Arrangements were being made to follow up the work and school contacts in these two cases early in 1973.

One case came to the Department's notice on receipt of the death certificate showing pulmonary tuberculosis amongst the contributory causes to the death. No notification had been received during the life of this elderly person. It is nationally of concern that many deaths occur from tuberculosis without prior notification and there may thus be persons contributing over the years to the pool of infection in the community. As many of the notifications occur in the elderly it is important to follow up chest symptoms which persist unduly in this age group with a chest x-ray examination to exclude the possibility of active tuberculosis.

NEW CASES OF TUBERCULOSIS BY AGE AND SEX

	1 9 7 1 Non-						1 9 7 2 Non-					
	Pulmonary		Pulmonary		TOTAL		Pulmonary		Pulmonary		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F
0 - 1 year	-	-	-	-	-	-	-	-	-	-	-	-
1 - 5 years	1	-	-	-	1	-	-	-	-	-	-	-
5 - 15 "	-	-	-	-	-	-	-	-	-	-	-	-
15 - 45 "	1	1	-	-	1	1	4	-	-	-	4	-
45 - 65 "	2	-	-	-	2	-	4	1	-	-	4	1
65 & over	1	-	-	1	1	1	3	-	-	-	3	-
TOTALS	5	1	-	1	5	2	11	1	-	-	11	1

TUBERCULOSIS:

Eleven cases of tuberculosis were notified during the year, an increase of four on the previous years figures.

Comment was made in the last annual report of the distribution of the cases and the occurrence of a number of cases in the Machynlleth Rural District area of the County. Three of the cases notified in 1972 were in this area and arose as follow-up examinations of contacts of the case in Llanbrynmair - his father and mother and two social contacts. The one other case in the Machynlleth Urban District had some contact with a case at Uwchygareg in the Rural District.

Towards the end of the year cases were notified in a factory worker at Newtown and a schoolboy at Welshpool. Arrangements were being made to follow up the work and school contacts in these two cases early in 1973.

One case came to the Department's notice on receipt of the death certificate showing pulmonary tuberculosis amongst the contributory causes to the death. No notification had been received during the life of this elderly person. It is nationally of concern that many deaths occur from tuberculosis without prior notification and there may thus be persons contributing over the years to the pool of infection in the community. As many of the notifications occur in the elderly it is important to follow-up chest symptoms which persist unduly in this age group with a chest x-ray examination to exclude the possibility of active tuberculosis.

NEW CASES OF TUBERCULOSIS BY AGE AND SEX

	<u>1971</u>						<u>1972</u>					
	<u>Pulmonary</u>		<u>Non-</u>		<u>TOTAL</u>		<u>Pulmonary</u>		<u>Non-</u>		<u>TOTAL</u>	
	M	F	M	F	M	F	M	F	M	F	M	F
0 - 1 year	-	-	-	-	-	-	-	-	-	-	-	-
1 - 5 years	1	-	-	-	1	-	-	-	-	-	-	-
5 - 15 years	-	-	-	-	-	-	-	-	-	-	-	-
15 - 45 "	1	1	-	-	1	1	4	-	-	-	4	-
45 - 65 "	2	-	-	-	2	-	4	1	-	-	4	1
65 & over	1	-	-	1	1	1	3	-	-	-	3	-
TOTALS	5	1	-	1	5	2	11	1	-	-	11	1

TABLE SHOWING ACTUAL NUMBER OF NEW CASES
NOTIFIED AND DEATHS REGISTERED FROM
PULMONARY AND NON-PULMONARY TUBERCULOSIS
SINCE 1953

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1953	37	10	8	1
1954	37	6	8	1
1955	27 29.6	5 7.8	8 6.4	- 0.4
1956	25	9	4	-
1957	22	9	4	-
1958	16	10	3	-
1959	17	7	4	-
1960	13 15.0	4 6.6	2 2.0	- 0.0
1961	15	5	1	-
1962	14	7	-	-
1963	9	4	3	1
1964	6	5	4	-
1965	8 8.5	3 3.0	2 2.8	1 0.4
1966	13	2	3	-
1967	8	1	2	-
1968	10	1	1	-
1969	9	2	-	-
1970	9 9.2	2 1.2	2 0.8	- 0.0
1971	6	1	-	-
1972	12	-	1	-

B.C.G. VACCINATION:

B.C.G. Vaccination against Tuberculosis is offered to schoolchildren in their 13th year and has played a valuable part in the reduction in tuberculosis in the young adult population over the years.

The proportion of children found tuberculin positive at the routine testing prior to B.C.G. is also some indication of the transmission of infection in the community.

In the table overleaf, percentage of positive reactors (excluding those known to be due to previous B.C.G. vaccination) was 7.1. The latest comparable national figure is 9.6% in 1971. Thus, Montgomeryshire is well within the national trends in this respect.

TABLE SHOWING NUMBER OF CHILDREN TESTED
AND VACCINATED WITH B.C.G. AT THE SCHOOLS
MENTIONED

SCHOOLS	Tuberculin Tested	Positive	Negative	Vaccinated with B.C.G.
Newtown High	135	5	112	109
Welshpool High	145	24	102	101
Llanfair Caer High	49	2	47	47
Llanfyllin High	-	-	-	-
Machynlleth High	59	1	49	49
Llanidloes High	76	1	66	66
College of Further Education	-	-	-	-
Brynllwarch Residential	9	1	7	7
Cyfronydd Residential	3	-	3	3

MASS RADIOGRAPHY:

A mobile unit of the Mass Radiography Service based at Cardiff is still available on request to provide facilities to x-ray groups of contacts in school or work situations. No recourse was made to these facilities in 1972 but with the notification of a schoolboy and a factory worker in December, arrangements are in hand for the unit to visit Montgomeryshire in 1973.

AFTER-CARE OF CANCER CASES - THE MARIE CURIE MEMORIAL FOUNDATION:

The Marie Curie Foundation established an "Area Welfare Grant Scheme" to meet urgent needs of cancer patients being nursed at home, and to give help in kind to necessitous cancer patients immediately the need is apparent without any administrative delay. A Block Grant is received from this fund and control rested in the Medical Officer of Health and Director of Nursing Services, so that immediate purchases can be made to meet the specific needs of the cancer patient which cannot be met from statutory or other sources. Throughout the years this scheme has been in operation it has enabled help to be readily forthcoming to many families in Montgomeryshire.

During 1972 four patients were assisted under the scheme receiving help with extra milk, special articles of clothing and extra dressings.

PROVISION OF INTERMITTENT RENAL DIALYSIS FACILITIES IN THE HOME:

During the year an approach was made by the Consultant Physician at the Renal Unit at the Royal Alexandra Hospital, Rhyl, regarding the provision of facilities in the home of a patient at Llanbrynmair to enable treatment to be continued on her discharge.

The use of artificial kidney machines is now a recognised form of treatment in patients' homes for people suffering from chronic kidney diseases, either as the main form of treatment or prior to a subsequent kidney transplant operation.

Approval has been given under Section 28 of the National Health Service Act for local authorities to provide facilities to adapt the home.

Such facilities require an adequate room with mains water, electricity supply, sink unit and drainage.

This can be provided in three ways, either by adapting a room in the house; adding on to the existing building an additional room; or providing a mobile unit in the garden adjacent to the house.

In this instance, after careful consideration of the particular house by the County Architect, staff from the Hospital and the Medical Staff of the Health Department, it was decided that the right course to adopt was to provide a mobile unit to be placed adjacent to the house and linked to the main water and electricity supplies.

Arrangements went along smoothly and the Unit was in position some four months after the initial request was made. The Hospital Authorities provided the necessary kidney machine equipment, medical support and telephone installation to maintain contact in an emergency with the hospital team.

The patient returned home and has been able to continue regularly to treat herself on the machine and is able to enjoy, in between treatments, normal daily activities about the house.

HEALTH EDUCATION:

Health Education is carried out as an integral part of the work of all field staff of the Department, whether it be in the environment of home, school, clinic or surgery.

Talks on "Drugs" have been given to parents and Sixth Form High School pupils by a medical officer and police officer together, and other talks have been given as part of courses to Pre-nursing Cadets and Play Group Leaders arranged by the College of Further Education.

The W.E.A. have organised series of lectures given by medical officers on "Preservation of Health" and "Child Development" in various parts of the County. They also held a 1-day school on 'Alcoholism', at which speakers from Bristol and the University of Wales initiated a lively and informative discussion with an audience which included nurses, social workers, teachers and magistrates.

MEDICAL EXAMINATION OF STAFF:

Arrangements were continued for the medical examination of all staff on appointment to the service of the County Council.

The purpose of these examinations is to ensure that as far as is possible staff appointed are fit to undertake the duties of the post concerned, where indicated and are suitable for inclusion in the superannuation scheme and, in certain categories, e.g. staff of schools and welfare homes, children's homes, canteens, that staff are free from infectious diseases.

In addition to staff employed by the County Council, examinations are carried out on behalf of the Department of Education and Science on all applicants for admission to teachers' training colleges and, in some cases, on entrants to other University and College Courses.

The following table details the number of examinations carried out in 1972 :-

School Teachers	.....	41
School Canteen Workers and Super- visory Assistants		38
Entrants to Training Colleges		66
Other County Council Staff		76
Firemen		8
For Heavy Goods Vehicle Licences		2

CHIROPODY:

The Chiropody Service was continued during 1971 at Clinics throughout the County by Mr. D.J. Williams, County Chiropodist, treating patients falling within the required categories of the elderly, registered handicapped persons and expectant mothers. Patients unable to travel to clinics by reason of their physical condition are helped by the provision of transport where this is possible, or by treatment in the home if they are so restricted in mobility as not to be able to travel.

The National Society of Chiropodists have put forward recommendations that the chiropody service should be based on clinical needs for such treatment and not on the present basis of qualifying for treatment under local authority schemes by reason of age or handicaps. In the reorganisation of the health services I am sure this point will be taken up in considering future provision for chiropody.

The number of patients treated by this service and also the total number of treatments carried out shows an increase over 1971. Any revision and extension of the persons eligible for treatment will create a need for increase in the establishment of chiropodists to carry out the work load.

TABLE SHOWING FIGURES FOR TREATMENT
CARRIED OUT AT VARIOUS CENTRES DURING
THE YEARS 1971/72

CLINIC	Old Age Pensioners		Registered Handicapped		Expectant Mothers	
	1971	1972	1971	1972	1971	1972
Newtown	623	666	4	5	-	-
Welshpool	566	598	-	-	-	-
Llanfyllin	324	350	1	-	-	-
Llanidloes	442	516	-	-	-	-
Machynlleth	301	285	6	3	-	-
Llanfair Caer.	190	187	-	-	-	-
Montgomery	66	94	-	-	-	-
TOTAL	2512	2686	11	8	-	-
Domiciliary Visits	180	190	-	-	-	-
Welfare Homes	95	138	-	-	-	-
	2787	3014	11	8	-	-
TOTAL NUMBER OF TREATMENTS ...					2787	3014
TOTAL NUMBER OF PATIENTS ...					814	921

PART V

AMBULANCE SERVICE

The Ambulance Service continued to operate from stations at Llanfyllin, Llanidloes, Machynlleth, Newtown and Welshpool with operational control at Newtown.

The vehicle fleet comprised nine dual purpose ambulances and the service was manned by twenty-three ambulance driver/attendants.

To augment the service and provide flexibility of cover for many cases where sitting transport only is required, use is also made of voluntary car drivers and taxi services operating a sitting car service.

Day to day control is based at Newtown and during office hours is manned by the ambulance control staff. Evening and night times, Saturdays and Sundays, the control is operated by the Fire Service on a call out basis only. Radio communication is available during the day time office hours but not at nights or weekends.

The new purpose built ambulance station at Welshpool came into operational use early in the year and has provided a much needed facility for the men and the vehicles stationed there. Prospects for building a new station at Machynlleth were still being looked forward to for the next financial year and certainly this is urgently needed. The long term building programme includes new stations at Newtown, Llanidloes and Llanfyllin during the years 1974 - 1976.

Five more ambulancemen completed successfully their six weeks training courses at the Cheshire Ambulance Training School. The programme to complete the training of all personnel as envisaged will continue throughout 1973.

Two new ambulances were ordered, one replacement and one additional vehicle but had not been delivered by the end of the year.

Following the allocation of a new Radio Frequency for Ambulance Services by the Ministry of Posts and Telecommunications, a survey of Montgomeryshire by Pye Telecommunications Ltd was carried out. The report presented to the Health Committee envisaged changes in the equipment in the vehicles and additional radio masts to provide an improved cover for Montgomeryshire. Further consideration of this matter was deferred in view of the pending National Health Service Reorganisation.

STATISTICAL INFORMATION:

Conveyed By	1971			1972		
	Journeys	Mileage	Patients	Journeys	Mileage	Patients
<u>Section 27 Cases</u>						
Ambulance	8,847	234,428	24,020	9,953	259,068	26,364
Car	3,919	218,412	9,064	4,262	233,870	8,947
Rail	108	11,693	127	18	1,428	18
TOTAL	12,874	464,533	33,211	14,233	494,366	35,329
<u>Non-Section 27 Cases</u>						
Ambulance	1,600	20,443	4,467	1,400	16,560	3,640
Car	4,250	202,169	27,273	4,421	200,939	26,799
TOTAL	5,850	222,612	31,740	5,821	217,499	30,439
GRAND TOTAL	18,724	687,145	64,951	20,054	711,865	65,768
<u>TOTAL BY -</u>						
Ambulance	10,447	254,871	28,487	11,353	275,628	30,004
Car	8,169	420,581	36,337	8,683	434,809	35,746
Rail	108	11,693	127	18	1,428	18

The demands on the service have continued to increase and this year the increase is seen in the patients conveyed to hospitals. There has been a small decline in the number carried for other services such as Social Services, School Health and Chiropody and indeed it is hoped that as Social Services Department develops its own transport arrangements with the hire car owners and with their own specialised vehicle a further reduction in the work load will be seen.

This in itself will not alone enable the fleet to continue to meet the demands made on them by the hospital and emergency work and there is still a need for additional cover on the ambulance side. At times of peak demands the cover throughout is sometimes very thin. The County is particularly vulnerable as there are no major hospitals in the County Boundary and ambulances are therefore frequently away from their base out of County.

PART VI

Report of the Food and Drugs Inspector for the Year Ended 31st December, 1972

Enforcement duties are carried out in connection with certain sections of the Food and Drugs Act in order to see that members of the public receive proper and adequate protection with regard to the articles of food and drugs which they purchase.

In order to give this protection the department samples a wide variety of articles of food which are sent to the Public Analyst for analysis and in addition are constantly scrutinising labels for misleading statements and also watching for new articles of sophisticated foodstuffs which appear on the market from time to time.

During the year under review 160 samples were taken for foods and drugs. 8 samples of milk and 4 miscellaneous foods were reported as not genuine and a further 6 samples of milk were reported as genuine but sub-standard.

The non genuine samples were investigated with the following results :-

<u>Sample</u>	<u>No.</u>	<u>Analysts's Report</u>	<u>Result of Investigation</u>
Milk	557 567	Contained a small amount of extraneous water.	These samples were taken from a farmer's bulk supply. It was ascertained that the small amount of extraneous water was due to a blockage in the pump and this fault has now been rectified; it was also found that in this case the cows were giving very poor quality milk and the farmer concerned was advised to consult with officials of the Ministry of Agriculture, Fisheries and Food.
Milk	583	Deficient in fat	A sample reported to be deficient in solids not fat was followed up by a further sample which was reported as deficient in fat and solids not fat. Ministry officials were asked to advise the farmer and subsequent samples proved satisfactory.
Bread	593	Contained foreign matter	A member of the public complained of purchasing a loaf which appeared to contain foreign matter. The Public Analyst certified that the foreign matter was in fact partly cooled dough.

Milk	625	Deficient in fat.	The deficiency in fat in this case was found to have been caused by too long a period being allowed between the evening and morning milking. The farmer was advised accordingly and a subsequent sample was reported as genuine.
Butter-milk	628	Does not comply with the labelling of Food Order 1953	The ingredients were not listed on the carton. The Chief Inspector of the area concerned was informed.
Milk	640	Contained Foreign Matter	The foreign matter was made up of dried milk residue, carbon particles, vegetable tissue and an animal hair. The vendor was warned.
Milk	687 694 696	Contained a small amount of extraneous water.	Complaints were received from a Milk Marketing Board Creamery with regard to the quality of milk being submitted by two farmers in the county. Samples were taken from both bulk tanks and in both cases were reported to contain small quantities of extraneous water. The milking equipment was tested in each case and a full investigation made of the milking procedures at each farm. Both farmers were advised accordingly and warned of the consequences of selling milk containing added water.
Dessert Whirl	705 706	Contained Foreign matter	A complaint was received from a housewife regarding a commodity described as Dessert Whirl. The foreign matter consisted of several small masses of carbon particles, which had been formed during the heat sealing process and these particles were reported as not injurious to health.

A complaint was received from a school canteen regarding the delivery of a churn of milk which was found to have an abnormal taste. The Public Analyst reported that the milk in question was in process of souring and the churn was found to contain residues from previous usage. The Committee decided to issue a warning to the dairy concerned.

The prescribed standard for genuine milk is a minimum of 3% for fat and 8.5% for solids not fat but where unadulterated milk is reported to be deficient in solids not fat the Analyst described the milk as genuine but substandard.

5 of the genuine but substandard milks were samples which were reported to be low in solids not fat.

The remaining sample had a very high fat content and a low solids not fat content, and this was due to failure to mix the milk properly.

Milk Antibiotic Tests

All 28 samples of milk submitted for test were reported as satisfactory.

Brucella Ring Test

In order to ensure that no infected milk is sold to the public samples of milk are regularly taken from all retailers who sell untreated milk to the public.

140 samples of milk were submitted to the Public Health Laboratory at Shrewsbury on behalf of the County Medical Officer of Health and of these 129 were taken from milk vendors selling milk direct to the public and all these were certified as satisfactory. The other 11 samples were taken from a herd where the farmer wanted to ascertain that certain of his cows were not infected with Brucellosis. 8 of these samples were reported as negative and 3 as positive and the farmer was advised accordingly.

Milk (Special Designation) Regulations.

250 samples of milk were taken from licensed vendors during the year and sent to the Public Health Laboratory for the required keeping quality tests. Of this number 11 failed the test and follow up samples were taken from the vendors concerned. It was found necessary to ask the Ministry of Agriculture, Fisheries and Food to give advice to one producer/retailer and subsequent samples were reported as satisfactory.

School Milk.

37 samples were taken from milk delivered to schools in the County and 2 of these samples failed the keeping quality test. The 2 samples that failed were taken from one school where milk is delivered too late for consumption on the day of delivery. The staff were advised to store the milk overnight in the school refrigerator and subsequent samples have proved satisfactory.

Prosecutions.

It was found necessary to institute proceedings under Section 2 of the Food and Drugs Act, 1955 against a retailer for the sale of a chicken portion which was decomposed. The defendant pleaded guilty and was fined £30.

L.O. Bright.

Chief Inspector

PART VII

SCHOOL HEALTH

Registrar-General's mid-year Estimate of Population
for 1972 - 43,320

Area of Administrative County 510,110 acres

Number of children on school registers at December 1972 -

	<u>No. of Schools</u>	<u>No. of Children</u>
Primary Schools	58	4765
Secondary Schools	6	3387
Special Schools	3	165
	<u>67</u>	<u>8317</u>

MEDICAL INSPECTION OF SCHOOL CHILDREN:

In 1972 periodic medical inspections of pupils were carried out at the following stages of a child's educational life.

- i) In the pupil's first year of attendance at school
- ii) In the pupil's last year of attendance at the primary school
- iii) In the pupil's last year of attendance at the High School

In addition medical examinations were carried out on pupils who were missed at routine examinations the previous year.

"Re-inspections" were carried out on pupils found to be suffering from a defect requiring treatment or observation at previous inspections.

"Special inspections" were carried out on pupils at the request of parents, teachers, health visitors etc.

Prior to each inspection parents were asked to complete a questionnaire giving information about their child's health and were invited to bring to the Medical Officer's attention any problems, physical or otherwise, about which they were concerned. Parents were also asked to be present at the examination of their child. The majority of parents readily accepted this invitation in the infant and junior schools but, with the growing independence of the adolescent, few parents attended medical inspections in the High Schools.

Information concerning defects that require treatment or observation and which may influence the child's educational progress was, with parental permission, passed to head teachers and the school nurses so that appropriate help can be given in schools to alleviate as far as possible

the adverse effects a particular defect may cause.

Pupils found to require treatment for any defect (apart from those referred to Ophthalmologists because of an error of refraction) were initially referred to their family doctors and, subject to the approval of the general practitioners concerned, appointments were made with the appropriate Consultants by the Health Department.

Copies of reports on children were obtained in the majority of cases.

The following inspections were carried out on pupils attending maintained schools in the County.

	1970	1971	1972
Periodic Medical Inspections	2061	2005	2283
Re-inspections	1387	1295	1489
Special Inspections	45	56	57

DEFECTS FOUND AT PERIODIC MEDICAL
INSPECTIONS DURING 1972 BY YEAR OF BIRTH

Age Groups Inspected (By year of Birth)	No. of Pupils Medic- ally Examined	Physical Condition of pupils inspected		Pupils found to require treat- ment (excl. dental diseases and infestation with vermin)		
		Satis- factory	Unsatis- factory	For defec- tive vision (ex. Squint)	For other condition recorded at Pt. II	Total Indivi- dual pupils
		No.	No.			
1968 & later	137	137	-	3	15	14
1967	402	402	-	7	38	40
1966	136	136	-	4	15	17
1965	41	41	-	2	4	4
1964	28	28	-	-	5	3
1963	29	28	1	3	3	5
1962	161	161	-	9	8	17
1961	340	338	2	17	27	40
1960	237	237	-	7	8	15
1959	82	82	-	6	7	13
1958	46	45	1	3	1	4
1957 & earlier	644	642	2	27	32	59
1956 & earlier	2100	2107	7	68	103	217

GENERAL PHYSICAL CONDITION:

School Medical Officers are asked to assess clinically the "General Physical Condition" of each pupil examined at the periodic medical inspections as satisfactory or unsatisfactory. In recent years the number of children whose condition was considered unsatisfactory has been small and in the year under review 6 children were so classed.

In four of these children, the reason for their general physical condition being classed as unsatisfactory was due to gross overweight. Dietary advice to the family from the Health Visitor and regular follow-up was commenced and a regular review of progress will be made. In the other cases home conditions were in part responsible for the children's physical state and again follow-up by the Health Visitor and help from other sources has been obtained in order to improve the standards of the families concerned.

	<u>1970</u>	<u>1971</u>	<u>1972</u>
Percentage of pupils considered unsatisfactory	0.4%	Nil	0.26%
Percentage of pupils considered satisfactory	99.6%	100%	99.74%

CLEANLINESS AND INFESTATION:

Regular visits are made to the schools by the Health Visitors to carry out cleanliness inspections, to detect any evidence of infestation and to advise on the general cleanliness and personal hygiene of the pupils.

The families of children found to be infested are visited and parents instructed how to cleanse their children. Parental co-operation in the majority of cases is readily forthcoming and it has not been necessary to take further action against parents for failing to carry out the required treatment.

	<u>1970</u>	<u>1971</u>	<u>1972</u>
No. of individual inspections of pupils by school nurse	9843	9035	10,363
No. of pupils found to be infested	76	76	73
No. of cases of scabies	1	1	2

DEFECTIVE VISION:

Routine vision testing is carried out on all children shortly after entry to the infant school and at intervals during the school life. Any children found to have defective vision requiring clinical assessment or treatment are referred to the Consultant Ophthalmologist.

This service is provided in part by the Local Consultant, Mr. Cohen at the Victoria Memorial Hospital, Welshpool and Dr. Kenyon Jones at the Montgomery County Infirmary, Newtown and also at the County Eye Clinics held by Dr. Mary Rowland Hughes in Welshpool and Newtown.

The numbers of such children referred for appointments at the Eye Clinics are shown in the following table.

	<u>1970</u>	<u>1971</u>	<u>1972</u>
No. of pupils dealt with at Clinics for errors of refraction, squint and other eye conditions	704	606	634
No. of children for whom spectacles were prescribed	322	303	285

Children requiring operative treatment for squints or other eye conditions are treated at Bronglais Hospital, Aberystwyth, the Maelor General Hospital, Wrexham, or the Eye, Ear and Throat Hospital, Shrewsbury.

Orthoptic exercises are carried out at the Montgomery County Infirmary, Newtown in conjunction with the clinics held there.

Routine colour vision tests are given to all boys during their last year in the primary school. Testing at this stage enables the child and his parents to be aware of this handicap well in advance of any decisions as to choice of career and advice can be given early about types of occupations that are unsuitable for those unable to identify certain colours.

SPEECH THERAPY:

The provision has continued throughout the year for advice and treatment of children with speech and communication problems. Difficulties in speech development may arise from physical, developmental or emotional causes and need attention in many cases in the pre-school period.

Miss Evans, the County Speech Therapist who has been with the Authority for four years, resigned at the end of the year to take up duties elsewhere. Efforts to obtain a replacement to provide continuity of treatment in 1973 have to date been unrewarded.

In her report Miss Evans comments on the service as follows:-

"The policy during this year has been firstly to reduce the waiting list of children in need of treatment by assessing the problems shortly after the referrals are received. Where it is possible, i.e. children with only a mild speech defect, the parents are encouraged and advised on how best they should select a suitable school for their children, covering the speech difficulties. 17 children now await treatment.

Secondly the aim has been to review all those who have

received therapy in the past with a view to discharging those with normal speech and restarting therapy where children would benefit from a further period of treatment. Patients receive therapy as long as they are making measurable progress, when they reach a plateau in their learning process treatment is temporarily suspended. This period under review is valuable in that it allows the children to consolidate and absorb what they should have learnt whilst attending weekly. 53 children were under review but of these 20 required current weekly therapy for a further period of time. This effectively reduced the number of children under review to 33 and increased the number of children attending once weekly to 79.

64 children were discharged during this year and 94 received treatment. This number includes parents who have been seen and advised.

I do hope it will only be a short time before the County once again has the services of a Speech Therapist. I would like to say how much I have enjoyed working in Montgomeryshire for the past four years and to thank all those who have contributed to this."

The following Table gives the numbers for the
Year Ending 31st December, 1972

		1969	1970	1971	1972
Awaiting Therapy	.....	44	27	27	17
Receiving Therapy	.....	57	57	59	79
Deferred Cases	.....	53	55	49	53
Discharged Cases	.....	82	77	47	64

HANDICAPPED PUPILS:

The Local Education Authority has the duty to ascertain the educational needs of those who are handicapped by some physical or mental defect.

Whenever possible, every effort is made to enable such pupils to continue education in the ordinary schools and we are indebted to the staff of the schools in this County who are only too willing to make every effort to help a handicapped child continue his education in as normal a way as possible. Where this is not practicable, special educational facilities must be provided. In this County, with its scattered population, day schools or classes are not practicable for the small number of children concerned and residential placement is therefore necessary.

The following tables show the number of children assessed in the various handicaps during the year and the total number of children in Special Schools.

CHILDREN NEWLY ASSESSED DURING 1972 AS IN NEED OF
SPECIAL EDUCATIONAL TREATMENT

	Blind	Partial Sight	Deaf	Partial Hearing	Physical Handicap	Delicate	Malac- tused	E.S.N.	Epilep- tic	Speech Disorders	TOTAL
<u>TABLE A</u>											
Boys	-	-	-	-	-	-	1	7	-	-	0
Girls	-	-	-	1	-	-	1	6	-	-	2

TABLE B
Children Newly Placed in Special Schools

1) Those included in (A) above											
Boys	-	-	-	-	-	-	1	6	-	-	1
Girls	-	-	-	-	-	-	1	4	-	-	2
<u>2) Those Assessed Prior to January, 1972</u>											
Boys	-	-	-	-	-	-	-	3	-	-	1
Girls	-	-	-	-	-	-	-	3	-	-	2
<u>111) Total</u>											
Boys	-	-	-	-	-	-	1	9	-	-	10
Girls	-	-	-	-	-	-	1	5	-	-	6

TABLE SHOWING SPECIAL SCHOOLS AND
INDEPENDENT SCHOOLS AT WHICH MONTGOMERYSHIRE
CHILDREN ARE ACCOMMODATED

	Jan 1st 1972		Admitted During the year		Dischar- ged during the Year		Dec.31st 1972	
	B	G	B	G	B	G	B	G
<u>DEAF PUPILS</u>								
Royal Residential School, Old Trafford, Manchester	1	1	-	-	1	1	-	-
Larchmore School, Stoke Poges, Bucks	1	-	-	-	-	-	1	-
Royal Schools for the Deaf. Cheadle Hulme, Cheshire	1	-	-	-	-	-	1	-
Coleham Partially Hearing Unit, Shrewsbury	-	-	-	1	-	-	-	1
<u>EDUCATIONALLY SUB-NORMAL PUPILS</u>								
Brynlllywarch Residential School	28	-	9	-	7	-	30	-
Cyfronydd Residential School	-	8	-	3	-	-	-	11
<u>SEVERELY SUB-NORMAL PUPILS</u>								
Stallington Hospital, Stoke on Trent	-	1	-	-	-	-	-	1
Newtown Special School	8	5	3	4	-	-	11	9
Llys Maldwyn Annexe	1	3	1	-	-	-	2	3
Bryn y Neuadd Hospital, Llanfairfechan	1	1	-	-	-	1	1	-
<u>PHYSICALLY HANDICAPPED PUPILS</u>								
Ysgol Gogarth, Llandudno	2	2	-	-	-	1	2	1
<u>MALADJUSTED PUPILS</u>								
Gwynfa Residential Clinic, Old Colwyn	-	-	2	1	1	-	1	1
<u>BLIND PUPILS</u>								
Pathways, Condover Hall, Condover, Shrewsbury	-	1	-	-	-	-	-	1
Isleham Group School for the Blind, Bromsgrove	1	-	-	-	-	-	1	-

BLIND/PARTIALLY HEARING PUPILS:

No children were assessed in 1972 as needing special educational facilities for blind or partially sighted children. Two pupils are at present in residential schools for the blind.

The boy, now aged 9, is making good progress in braille reading and writing and takes a lively interest in all aspects of the school life.

The girl, aged 7 years, is at the Conover Hall Unit for the Deaf/Blind. She is making progress in overcoming her dual handicaps, using a hearing aid, and now learning to read Braille. She also shows marked improvement in her speech development.

DEAF AND PARTIALLY HEARING PUPILS:

Following medical inspections and referrals from teachers and parents, 212 children were given audiometric tests by Medical Officers. Of these 133 were found to have normal hearing, 79 were kept under observation for repeat assessment, 9 were referred to E.N.T. Consultants and 11 to their own Medical Practitioners for treatment.

All children newly assessed with any degree of hearing loss were referred to the peripatetic teacher for the deaf for educational advice and supervision.

Two children who attended the Royal Residential School for the Deaf, Old Trafford, moved to reside in Salop during the year and became the responsibility of Salop Education Authority.

One deaf child moved into Montgomeryshire from Salop. Arrangements were agreed to enable her to continue her education at the Coleshill Partially Hearing Unit in Shrewsbury.

The peripatetic teacher for the deaf, Mr. K. Davies, has now been with the County for a full year and has been of great help, both in the assessment of the children's hearing problems and in arranging educational support for many of these children in the ordinary schools and in pre-school advice to parents of the under school age children with hearing difficulties.

His report, which follows, gives an indication of the scope of his work.

"During 1972, 184 children were seen by the teacher of the Partially Hearing. The vast majority of these had been referred by the School Health Department for audiometric assessments and educational guidance and opinion, although a few children were seen at the request of the head teachers and parents.

Of these children 63 were found to have either normal hearing, or in most cases, to have a hearing loss of insufficient significance to affect their educational progress. These children will not be seen again unless concern is felt for their hearing by the doctors, school or parents. A further 32 children who were seen during the year were listed for repeat audiometry as the extent and effect of their hearing loss, if any, was uncertain.

The remaining 89 children had a hearing loss which is considered to have a bearing upon their educational progress. In some cases the child's hearing was found to be only just outside normal limits but difficulty in following conversation accurately was experienced at times. These were notably children with conductive hearing losses which tend to fluctuate and which are often treated medically and surgically so that they require only a little guidance to overcome their difficulties.

A number of children, most notably the older ones, with often quite severe hearing losses have, to a certain extent, come to terms with their handicap and they require only a little help and guidance to ensure that their education does not suffer unduly. These children normally only require help in making sure that their aids are working properly and they are getting the maximum benefit from them, and the resolving of various small problems that arise from their handicap.

A total of thirteen children were given regular weekly help with their education. This consisted of auditory training, speech and language training, remedial and compensatory education as well as the care and use of hearing aids. The amount of time spent with each child was dependent not only upon that which would be educationally beneficial but also on that which was socially and emotionally desirable for each child.

In the majority of cases the problems imposed by the handicap of deafness was discussed with both parents and teachers, and advice and guidance on the handling of the child was given.

A total of five children were receiving special education in residential schools outside the county whilst one child travelled daily to a Partially Hearing Unit in Shropshire. One child, not attending school, was given some home tuition."

PHYSICALLY HANDICAPPED PUPILS:

Three children from the County were receiving education at the North Wales School for Physically Handicapped, Ysgol Cogarth, Llandudno, at the end of 1972.

During the year one child reached school leaving age and left Ysgol Cogarth in July. Arrangements for her future education are being made at one of the Spastic Society's assessment centres in Wales. She is a severely handicapped child with cerebral palsy and will need some form of sheltered employment following her period of assessment.

One boy with handicaps arising from congenital spina bifida, attending at present an ordinary day school with some difficulty, was offered a place at Ysgol Goporth. His parents, however, at this point were unwilling to accept the offer and he remained at home. Continuing efforts by the teachers, medical officers and welfare officer are being made to try and help the parents realise that this boy's handicaps are such that he will only be able to progress educationally and socially in an environment where there are special facilities to help him.

A number of other children with physical handicaps of varying degrees are attending ordinary schools in the County. The teaching staff in the schools concerned are to be thanked for all the consideration and additional help they give these pupils.

No children required home tuition during the year. Seven children were recommended for conveyance to school on medical grounds.

EDUCATIONALLY SUBNORMAL CHILDREN AND CHILDREN REQUIRING REMEDIAL TEACHING IN ORDINARY SCHOOLS:

These two groups of children form the great majority of handicapped children needing some form of special educational facilities to enable them to make the best of the abilities and progress in both their educational and social development.

The number of pupils on the register as being educationally subnormal at the end of the year 1972 was 83.

Residential schooling for such pupils is provided for boys at Brynallywarch School, Kerry and for girls at Cyfronydd School. The limited experiment of having day pupils at both schools continued and these pupils have settled in well into the school system. Both schools also admit pupils from other counties and the number of pupils in attendance at December 31st, 1972 is shown in the table below :-

<u>Brynallywarch</u>		<u>Cyfronydd</u>	
Montgomeryshire	30 (6 day pupils)	Montgomeryshire	11 (1 day
Merionethshire	5	Merionethshire	2 pupil)
Denbighshire	2	Denbighshire	1
Flintshire	6	Flintshire	5
Herefordshire	5	Herefordshire	9
Caernarvonshire	2	Caernarvonshire	2
Radnorshire	2	Radnorshire	2
Anglesey	2	Anglesey	3
Monmouthshire	1		
Newport	4		
Breconshire	2		
Leicester	1		
Glamorganshire	1		

	1971			1972		
	Boys	Girls	TOTAL	Boys	Girls	TOTAL
Number of pupils submitted to mental tests by Medical Officers	46	25	71	43	24	67
Number recommended for admission to special schools	9	6	15	4	4	8
Number admitted to special schools	4	2	6	3	2	5
Number reported to Local Health Authority under Sec. 57 of Education Act, 1944 as requiring friendly supervision on leaving school	1	1	2	4	-	4

Remedial Teaching for children who have educational difficulties in specific learning fields yet are not in the educationally subnormal grouping has been provided on a modest scale in the Junior Schools for a year or two. With the appointment of Mr. Ferguson as County Educational Psychologist in September 1972, he has taken on the responsibility also of organising these services and the following report outlines the progress made in this respect in 1972.

"THE REMEDIAL SERVICE:

As the educational system of the county develops, the remedial teaching service has moved to identify and respond to the requirements of both individual children and the schools.

The central tenets of remedial service work are that children should be maintained within the normal school environment wherever possible and that those children who are capable should be brought rapidly to a level of attainment at which remedial support is no longer required.

The first of these principles has been recently endorsed by the Education Committee, which has confirmed its support for the existing withdrawal teaching service rather than the establishment of full-time remedial classes. In recognition of the valuable work carried out by the Remedial Service the Committee have also agreed that three further appointments to the service should be made. These additional staff will be available for placement in selected priority areas, and will be able to develop and maintain through regular visits a close and effective partnership with the schools to which they are attached.

The first of these appointments has been made. Mr. E. Jones takes up his duties in the north of the county in September of this year. It is hoped that the further appointments will be made shortly thereafter; although the shortage of suitably qualified staff remains a problem.

In 1972 the identification of children in need of remedial reading support was made more reliable by the introduction of a reading screening test throughout the county primary schools. This development has been welcomed by Head Teachers since it provides an independent measure of children's progress. The 1973 screening programme will focus attention on identifying children in the first and second years of Junior school and it is hoped that the Service will be able, over a period of years, to transfer its main effort to the 7 year and 8 year age groups rather than concentrating on the 9 year age group as at present.

In accordance with the recent trend towards increased emphasis on preventive work and nursery education, and in response to requests from Head Teachers, discussions are currently in progress concerning the possibility of selective work at Infant level. This is a most interesting development and it will provide the Remedial Service with one of its greatest challenges, since preventive remedial work will be different both in form and content from existing remedial procedures. In particular, it will require a very high degree of co-operation between remedial and class teacher, and it is with such co-operation that really significant improvements can be made.

During the current year the Remedial Service has also begun to develop other aspects of its overall role within the educational system of the county. In addition to the direct teaching of children in reading difficulties, the Service has begun to make use of its specialist knowledge and experience in a developing advisory capacity. Teachers nowadays are faced with a very wide range of books and materials, and they are not in a position to survey this range and assess the part which these materials may have in meeting the individual requirements of their children.

One important development has been the establishment of the remedial Reference Library. With the co-operation of the County Librarian and the Schools Library Service, a reference stock of remedial books has been built up which can be examined in detail by Head Teachers and used with selected children before a decision on purchase is made. This facility, together with the detailed analysis of the reading difficulty levels of a wide range of remedial books, makes it possible for Head Teachers to plan their stock purchases to meet identified needs within their school.

Although the main focus of remedial and preventive teaching has been in the Primary Schools, it is known that there are a number of children who need continued systematic teaching of basic skills during their secondary education. The High Schools have recognised this need, and the first detailed contacts between the Remedial Service and the High Schools are now in progress.

During the year, the School Health Service and the Remedial Service have moved nearer to the form of close co-operation which is essential in the service we are to meet the demand which the new system of education will create.

The Remedial Service benefits from the information and experience within the Health Service and it is able through its regular contact with individual children and schools to provide detailed information on a child's educational progress, as part of a joint operation.

During the period of re-organisation both in local government and in the Area Health Service there is a unique opportunity for a fundamental re-assessment of the functions of the various agencies, and for their further integration.

Summary Statistics:

Peripatetic Remedial Service caseload on March 31st, 1973. These figures do not include the children receiving remedial help in the remedial departments of the large Primary Schools, or of the High Schools.

Total caseload:	.....	246
Average age of caseload:	.....	9 years 6 months
Average % of school population receiving remedial teaching	.....	10%
Number of children no longer requiring remedial help (following this particular survey)		36

SEVERELY SUB-NORMAL CHILDREN:

Progress continued to be made in the extension of facilities at the Newtown Special School, including the associated annexe to the school at Llys Maldwyn Hospital, Caersws. Mr. Edwards, the Headmaster, after a year in the post reports :-

"Since responsibility for children handicapped by severe sub-normality both in the county and in Llys Maldwyn Hospital was transferred to the Education Authority, considerable changes have taken place.

During the last school year, a Head Teacher and Deputy Head Teacher have been appointed, together with one qualified teacher and one teaching assistant. There are now 43 children with one qualified teacher and one teaching assistant. There are now 43 children between the ages of 2 and 19 in the hospital, of whom 16 attend the school annexe within the hospital grounds and 27 are visited by Mr. Jones the Deputy Head and the teaching assistant, Mrs. Williams.

In the school annexe Mrs. Jones has now completed five years post diploma experience and qualified for the Special Schools allowance under Burnham regulations. Of the 16 children in this group, almost all are enuretic, and physically handicapped, so better facilities will be most welcome when the new annexe is in use. The old accommodation has been divided into two with a large room of 1000 sq. ft. occupied by the staff and the school to give a relaxed and stimulating environment on the one hand and a smaller therapy room on the other. A number of children who have previously been unresponsive in the hospital have begun to show signs of developing awareness of their surroundings.

A number of new items of equipment have been purchased for the hospital children and the school has been most fortunate in having the support of a voluntary group of helpers from the Llys Maldwyn Hospital League of Friends who have given their time generously to the children, particularly the severely handicapped and also presented the school with a slide and inflatable therapy mattresses.

An open day was held at the school in July to which each committee member was invited, and samples of creative work done by the children were exhibited. This was followed by a concert given by members and friends of the school. The hospital children were able to make excursions into the community for functions like the carnivals at Newtown and Llanidloes and for a day's visit to Chester Zoo.

Five children from the hospital, two of them county children, travel each day to the Newtown Department. The numbers of children travelling each day to the school have now increased so that this department now has 25 children with one qualified teacher, Mrs. P. Davies, and two teaching assistants. A supervisory assistant, Mrs. Potter, also helps at meal times.

A significant factor among the recent new admissions to the school has been the number of severely handicapped children who require intensive care and supervision. Steps are being taken to develop a Special Care Unit for this group of children, now totalling eight, but lack of space and staff shortage will limit these developments at present.

The older children have spent a week in North Wales hostelling in a University of Wales outdoor activities centre as part of their social development programme. The school head and Mrs. P. Davies supervised the children and student volunteers from the county gave invaluable assistance. The children made their own meals and were taught self-dependence and shared the experiences of hill walking, swimming and visiting new places of interest together. The young children were taken to Ty Gwyn Residential School, near Towyn in the charge of the School Head and Mrs. G. Gittins with a number of voluntary helpers. The children revelled in a week of fine weather by the sea with frequent little 'train trips' and picnics.

It is hoped to extend outdoor activities next year provided that sufficient staff are available for supervision.

A programme of language development has been developed with the emphasis on speech and communication patterns appropriate to the needs of each child, and a home economics project is being developed for older boys and girls and a considerable amount of progress has been made in light craft and creative work, which should become a feature of school activities when more space becomes available.

A number of national courses in this field of education were well attended by school staff including a one week full time course at the University of Swansea. The school is also now contacted by the Welsh Language Advisory Panel for In-Service Training Courses for teachers of S.S.N. children in North Wales, and the staff will be taking part in extension work in this field of work within the next months.

EPILEPTIC PUPILS:

The number of children known to the Authority as suffering from epilepsy and attending normal schools during the year was 34. Modern treatment controls the attacks and enables these children to take their place in the normal school situation. Advice is given to the staff of the school concerning the possible effects of the drugs taken to control the attacks on the child's school progress and regular medical review maintained. Guidance is given regarding the situations that might place a child at risk where sudden loss of consciousness might place the child in danger of injury. Particular care is needed during the period of adolescence and includes guidance to Careers Officers in helping placement of the child in a suitable job on leaving school.

In general everything is done to encourage as normal a life as possible, accepting that there are some risks attached to this policy.

MALADJUSTED PUPILS:

The definition of this group of children describes them as pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Children with such difficulties may be referred to the School Medical Officer from many sources - Parents, Teachers, Health Visitors, School Nurses, Social Workers, General Practitioners or Hospital Consultants. The assessment of their problems requires the assistance of the Child Guidance Team and in Montgomeryshire we are fortunate in being associated with the service provided by the North Wales Child Guidance Service.

The valuable work of this Service is shown in the following extracts from the report of the Clinical Director, Dr. E. Simmons.

"It gives me great pleasure to present the report of the North Wales Child Guidance Clinic for 1972."

1. The North Wales Counties Mental Hospital Management Committee with the support of the Welsh Hospital Board, agreed in 1950 to establish a Child Guidance Service for the North Wales area, under the direction of a Consultant Child Psychiatrist.

Children of all ages and intelligence levels presenting behaviour and learning problems, showing unusual development of the personality, or believed to be "emotionally disturbed" were referred by medical and non-medical agencies in the area.

The roots of the clinic were thus in the hospital service but members of staff were, from the beginning, outward looking, and many aspects of their work orientated towards the community, where most needs seemed to lie and might most readily be met. Close links with the School Health Services were forged early, to be followed by similar and no less important ones with the Education and Social Services, Schools and Children's Departments in particular.

Contacts with these and all medical agencies have been built up over the years to enable the clinics to provide a comprehensive service for North Wales.

New referrals, for clinical causes only, rose from a previous high of 586 during 1971, by over a hundred to 689 in 1972.

2. DEPARTMENT OF PSYCHOLOGY.

(a) School Psychological Service.

In 1956 an experienced Educational Psychologist was appointed to the staff and with that the first step taken towards the creation of a psychological service for schools. As demands increased and additional Psychologists were needed, the Denbighshire Education Authority acting on behalf of the other authorities, made the required appointments. The Psychologists were seconded to the clinics and worked as members of teams. To an increasing extent they received referrals directly from teachers and Education and School Health Officers, and accepted responsibility for their work.

During 1972 the position of the workers concerned was formally recognised, and they are now based on the Education Offices of the Counties in which they operate. They continue to participate in the work of clinic teams, and share with the clinical staff the now greatly improved facilities available at Bod Difyr, our central office in Old Colwyn.

(b) Clinical Psychology.

We are fortunate to have a Principal Psychologist heading the Psychological Department who has had training and wide experience in clinical and educational psychology. He has made a major contribution to the development of his speciality in the Child Guidance and School Psychological Services, its growth in adult psychiatry and subnormality work, and its introduction into other medical specialities, in particular, paediatrics.

In a number of memoranda Mr. Moore has described the nature of the Psychologist's work and his contribution to diagnosis and treatment. He has also proposed a realistic approach to future developments which, if adopted by the Hospital Management Committee, might keep Psychological work in the hospitals of North Wales in the vanguard of progress.

3. DEPARTMENT OF SOCIAL WORK.

The report by Miss B.J. Hamer, Principal Social Worker, is attached. To this I would add only that all members of staff are satisfied that it is essential for those who have specialised in Child Guidance/Psychiatric work to be members of team on a permanent basis; and that every opportunity should be provided to enable those who wish to specialise in this field to do so without

hindrance. This in no way would prevent developments towards a fuller integration of the efforts of all Social Workers in their particular fields. It might well encourage many who would otherwise be lost to the Social Work field.

4. HANDICAPPED CHILDREN.

A not inconsiderable number of variously handicapped children has always been seen at Child Guidance Clinics for diagnostic and advisory purposes. Staff for follow-up or truly therapeutic work were only rarely available, and most of the work with these children therefore remained a responsibility of the subnormality services.

During the last few years, however, two consultants have been appointed to joint posts in Child Psychiatry and subnormality. This has facilitated collaboration and led to some sharing of resources, so that it can now be said that all children who, normally with their parents, are referred to either service can be seen by Child Psychiatrists, with team support as may be required. Basic child guidance and child psychiatric considerations and methods are equally valid for the handicapped and the more gifted.

5. CHILD PSYCHIATRY AND PAEDIATRICS.

These two specialities overlap in many parts of the fields they cover. Disordered function, whether of body or mind, can be primary or secondary, and commonly is of mixed origin, one or other feature usually leading. Differential diagnosis can be very difficult. Referral may thus be made to either department and good working relationships between members of staff are essential.

Serious shortages in medical staffing prevented the setting up of child psychiatric clinics in hospitals in earlier years. We depended then, and still do, on free consultation and referral-on. With improvement in staffing active work within the hospitals becomes possible however. For some time to come it will be limited through lack of physical facilities but as assessment centres for multiply handicapped children are set up and some beds become available in district general hospitals, collaboration at the bedside is likely to become increasingly frequent and useful.

The Welsh Working Party on "Children in Hospital" included my two co-consultants as co-opted members, representing Child Psychiatrists in Wales. The Report makes recommendations which, if implemented, would ensure that the goodwill of the many workers with children, sick and well, is matched by financial support, to enable them to do the work required of them. Joint appointments, at all levels, in paediatrics and child psychiatry, might be one way of hastening progress.

6. Gwynfa.

This year saw a great number of heart searching discussions between members of the staff of Gwynfa and of the clinics. There has always been a fairly frequent exchange of ideas between all those involved in the work of the unit. For efficient functioning a consensus of opinion on objectives and the means by which they are to be achieved is, however, required. Unavoidably theory and practice are not by any means easily matched, particularly when staff live under daily pressures well beyond the ordinary.

There was an unexpectedly long delay in the appointment of a new Principal following the resignation of the former Principal in January, 1972, which had also led to a quite serious depletion of staffing.

The time was used constructively, however, and with the appointment of the former Deputy Principal Mr. N. Berry to the post a variety of measures, well discussed beforehand, became increasingly effective and have added materially to the stability of the establishment.

In the latter half of the year, a start was made on the construction of new kitchens, dining rooms and a gymnasium. Completion is expected about May, 1973. Plans for a much needed increase in classrooms have also been made, and we confidently expect the necessary monies to become available fairly soon.

We have continued to accept children and adolescents aged from about 4 to 16, and at times, over 16. There is a long waiting list for admission, and in fact, more often than not admission comes about because a child's position in his home has become untenable.

This is a highly unsatisfactory situation as Gwynfa's main contribution to the services of the area, should be that of a diagnostic and relatively short stay treatment unit. The solution to the problems does not, however, lie in our hands only.

A small but important proportion, especially of children in the older age group, stay longer than warranted because we cannot find suitable homes for them when they require no more than a minimum of care or supervision on return to life in the community.

Others are admitted for investigation only but stay longer than the agreed period because no place is available where special care plus psychiatric supervision can be offered.

The provision by Education and Social Services Departments of additional facilities for "maladjusted pupils" and especially of otherwise disadvantaged children, holds out the only real hope for a lasting improvement in the situation.

A half-way house, perhaps established and run jointly by a voluntary body, the Area Health Board and the Local Authority, might offer a relatively early opportunity for positive action at a reasonable cost.

7. SOME CURRENT UNCERTAINTIES.

During the coming year the staff of our clinics, like those in other services, will continue to prepare for, and anticipate if possible, changes expected as a result of the reorganisation of the National Health Service and Local Authority structure due in 1974.

Unfortunately, "Child Guidance" is still in limbo, no official decision regarding its future having been announced by the Government. Child Psychiatrists, with the support of the Royal College of Psychiatrists, have opted to remain in the Health Service. Clinical Psychologists also wish to do so, and so do the Social Workers in North Wales.

One could envisage hospital based "Child and Family Psychiatric Clinics" and a Local Authority based Child Guidance Service. In the latter, Child Psychiatrists would presumably undertake sessional work. In the former they might be more fully committed. Non-medical staff might come from either or both authorities.

The hospital based clinic would probably deal with neuro-psychiatric, psycho-somatic, seriously neurotic and psychotic child and adolescent disorders. The Local Authority based clinic would receive most of its referrals from schools and social agencies, children showing mainly behaviour and relatively minor neurotic difficulties associated with scholastic failure +/- social problems.

Some concern has been expressed at the possibility of the present unitary service for North Wales being split in two in 1974 to cover Gwynedd and Clwyd respectively. The present larger service offers advantages in cancer structure, opportunity for training and teaching, exchange of knowledge and the sharing of scarce resources. The smaller may balance most of these against greater cohesiveness, speedier communication, ease of administration, etc.

A desire to build up N.H.S. facilities within areas whose boundaries mirror those of corresponding counties, is likely to decide the issue in favour of a split. This would affect members of staff of all disciplines and they would, presumably, be offered posts in the area of their choice.

Facilities at Gwynfa (in Clwyd) and the children's units of Bryn-y-Neuadd (in Gwynedd) will have to be shared by patients from both counties, at least in the foreseeable future. It will also be highly desirable for members of staff to continue to meet for the exchange of views on any topics of interest to them individually and as members of their respective teams.

There will be certain administrative changes in 1974. The nature of the problems with which we deal will however change little if at all. Our contribution must remain that of a specialist service, but we are very much aware of the need for us to look at our own work always in relation to that of others, to share our experiences and skills, and to adopt new methods where appropriate.

It is worth recalling that an understanding of the nature, methods and resources of different agencies is part of the professional equipment of all workers in the field, and that a considerable amount of collaboration between agencies also exists already. If this is allowed to develop, with the full and free participation of all concerned, there need be no loss of service either before or after 1974, and individual workers will be able to find satisfaction in their particular field.

CONCLUSION.

Having reached the statutory age limit I shall have officially retired when this report is presented.

It has been my privilege to participate in the work and the development of the psychiatric services in North Wales for a period in excess of 35 years, twelve of these in adult and the remainder in child psychiatry.

The first Child Guidance Clinic in Wales opened in Bangor, in 1943, thanks to the foresight of Dr. D.E. Parry-Pritchard, then Medical Officer of Health for Caernarvonshire, and Dr. J.H.O. Roberts, then Medical Superintendent of Denbigh Hospital and, by a happy chance, now Chairman of the Committee guiding the fortunes of the Child Guidance Clinics whose work and progress have held his interest over the years. I shall always be indebted to him for his unfailing support and friendship, and his wise counsel on many occasions since my appointment as Medical Director of the clinic in 1950.

A Service can never be a one-man affair. It draws its strength from the combined efforts of many people, directly or indirectly involved, consumer as well as supplier, whose support it attracts and whose needs, at individual or group level, it aims to meet.

I am very conscious of the fact that I could not have carried my responsibilities without the encouragement and good will of colleagues in my own and allied professions, of administrative officials and of many lay people. They have supported me in my endeavour to further the interests of the clinics, and therewith of the patients we all serve, and to secure a wider acceptance of the basic principles on which good clinical practice is based, and I am deeply grateful to them.

E. SIMMONS

Medical Director

and

Consultant Child Psychiatrist

NORTH WALES CHILD GUIDANCE SERVICE STATISTICS FOR
MONTGOMERESHIRE - 1977

Sources of Referral

School Medical Officer	.....	20
General Practitioners	.....	5
Consultant Paediatrician	.....	2
Other Medical Specialists	.....	1
Courts & Probation Officers	.....	-
Social Services Departments	.....	2
Parents	.....	-
School & Education Officers	.....	-
Psychologists	.....	-
Others	.....	-
		30

Clinic Attendances

<u>Clinic</u>	<u>No. of Individual Children</u>	<u>PSYCHIATRIST</u>		<u>PSYCHOLOGIST</u>		<u>PSYCHIATRIC SOCIAL WORKER</u>	
		<u>First</u>	<u>Further</u>	<u>First</u>	<u>Further</u>	<u>First</u>	<u>Further</u>
WELSHPOOL	46	14	107	2	-	21	130
WREXHAM	5	4	16	2	-	7	13

No. of Clinic Sessions - Welshpool 42
No. of referrals - Welshpool 30

Three children were admitted to Gwynfa during the year and one was discharged home to attend ordinary day school and will remain under outpatient supervision at the Child Guidance Clinic.

HANDICAPPED SCHOOL LEAVERS:

The Co-ordinating Committee for the Handicapped met on three occasions during the year. Twenty five new cases were considered of children due to leave school in the near future and who presented problems associated with some physical or mental handicap. In addition many of the cases previously considered were reviewed.

The Committee continues to be a useful forum where all the departments concerned with the handicapped can meet and, in addition to dealing with individual cases, discuss common problems and create an integrated local policy of action in such cases.

OTHER SERVICES:

School Meals Service:

A School Meals Service is provided at all the schools in the County and on a specified day the number of children taking meals in school were :-

	<u>1971</u>	<u>1972</u>
Number of children present	7,322	7,504
Number of children taking meals	5,894	6,354
Percentage of children taking meals	80.4%	84.7%

Milk in Schools:

Under revised regulations the provision of milk in schools was altered as from the 1st September, 1971. Provision is now made only for pupils in the following classes :-

- a) pupils in special schools
- b) pupils in maintained schools up to the end of the Summer Term after they attain the age of seven.
- c) other pupils in primary schools where a School Medical Officer certifies that the pupil's health requires that he should be provided with milk at school.

In respect of section (c) Medical Officers, Health Visitors and teaching staff were asked to inform the department of any children they considered required milk in school under this clause. Children referred have been examined by the Medical Staff and, during 1972, concessionary milk was approved in nine cases.

All the milk provided to the schools is pasteurised and a report on the quality of the milk is included with the report of the Food and Drugs Inspector.

School Clothing Grants:

Grants have been made in necessitous cases for the provision of clothing to school pupils as follows :-

	<u>1971</u>	<u>1972</u>
Number of Grants	51	84

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT
FOR THE YEAR ENDING 31st DECEMBER, 1971

I have the honour to present my eleventh Annual Report.

For the greatest part of the year the staffing position remained fairly static. Mrs. Gladys Wilson, Dental Surgery Assistant (part-time) since 1965, resigned in April on leaving the County to live in Buckinghamshire. The dental staff miss her and wish her well in her new environment. In view of the impending reorganisation of the Health Services Mrs. Wilson was not directly replaced but Mrs. Barbara Reece, already employed part-time as Dental Surgery Assistant to Mr. Broadbent, the visiting Consultant Orthodontist, assumed Mrs. Wilson's duties in addition to her own.

From September onwards the Principal School Dental Officer's administrative duties were taken over by Mr. N.J. Riches as Acting Principal School Dental Officer, whilst I attended the first term of a one year secondment to attend a course in Dental Public Health at the Dental School in Cardiff. After one or two false starts in obtaining a locum dental officer to replace my clinical commitments during this period, Miss F.M. Reid was eventually appointed and commenced employment at the beginning of December. This difficulty in obtaining a locum dental officer promptly at the beginning of the period is the reason for the drop in statistics of work done in this year compared with recent years.

Looking now at these statistics in more detail it can be seen that there was a considerable drop in the number of dental inspections accomplished during the year (4,832 compared with 6,705 in 1971 - 28% fewer). This largely affected the Newtown area. With the locum position not resolved, there was little point in inspecting large numbers of children whilst it was not clear who would be treating them and when. The more dentally conscious parents made appointments for the inspection of their children at the clinic and as a result of this the actual numbers of children treated during the year was only 17% fewer than in 1971. The other full-time dental officers worked hard to counteract the staffing deficiency and I am indebted to them for their loyalty in so doing. Through their efforts the amount of clinical work performed was not significantly lower than in recent years and no case was recorded of any child having difficulty in obtaining treatment when suffering from dental pain.

During the earlier part of the year a Dental Officer from the Welsh Office, Mr. T. Arfon Williams, visited the department and over three days examined every aspect of the dental service very thoroughly. As a result a letter was received from the Welsh Office in May this year. Although the content of this letter was generally complimentary, one or two points were emphasised where improvements to the service could be made. Following this letter a report was submitted to the Committee and it was agreed that provision should be made to employ one additional Dental Officer and to purchase a second mobile clinic. This would allow a ratio of 2,000 school children per Dental Officer and for all the children in rural schools to be treated on the school premises in a mobile dental clinic.

During the year Welshpool Clinic has been re-equipped with modern equipment as part of the plan to re-equip all the six clinics. It is hoped that this programme will continue after reorganisation as only three of the six clinics will have been re-equipped by April 1974. Llanfair Caereinion clinic, as reported in my last Annual Report, is being extended and improved and although plans have been approved it will not be until 1973 that the work will be carried out.

Work at Llys Maldwyn commenced during the year when all the children under 16 years were examined and treated by the Authority's dental staff for the first time. This is challenging work but very satisfying when one regards as a whole how little one can do to improve the lot of these unfortunate persons. The staff at the hospital were very co-operative and I am very grateful to them for their help and also to Mr. E.M. Edwards, the Head Teacher of Newtown Special School.

Reorganisation is already taking a considerable proportion of one's time and I attended a three week National Health Service Reorganisation Multi-Disciplinary Course on integration at Cardiff in September which proved to be very useful and informative. Mr. Riches attended a three day Course in Orthodontics at Keele University and also attended the British Dental Trade Exhibition in my absence.

Mr. Jack Owen completed his last full year in charge of towing and maintaining the Mobile Clinic and is due to retire in January 1973. I thank him for his assistance over the last six years and wish him a long and happy retirement. Another retirement deserves mention in this report and although not a member of staff, I would like to record my appreciation of the work of Mr. C.L. Davis, who has been maintaining the dental equipment in the County's Clinics for over 25 years, initially for the Dental Manufacturing Co. and, during the last few years, as a private contractor. He was always prompt in dealing with breakdowns and his jovial personality was a tonic to us all.

The dental staff have had a difficult year, particularly towards the end of the year and I am indebted to them for their efforts. Mr. N.J. Riches, as Acting Principal School Dental Officer, took over the task with enthusiasm and Mr. J.H. Bronner was quick to co-operate with him in maintaining the service. Mr. B.T. Broadbent continued to provide orthodontic care for those in need and also helped out by treating patients attending as emergencies at times when he was holding his orthodontic sessions in the County's clinics. The Dental Surgery Assistants have served the County well during the year and I thank Miss P.M. Lewis, Mrs. J.D. Stephens, Mrs. Beti Jones and Mrs. Barbara Reece for their help and co-operation.

Once again I am indebted to the Director of Education, Mr. T.A.V. Evans, and the Principal School Medical Officer, Dr. E.S. Lovgreen and their staff for the help and support they

have given me throughout the year. I would like to mention particularly Mr. Jorwerth Davies, who has supplied us with a regular selection of books for the Clinic waiting rooms and also Dr. Woodcock, who has been of great assistance in administering general anaesthetics to those children requiring them for their dental treatment.

I would like to express my gratitude to the Committee this year, not only for their usual enlightened support in helping me to operate a satisfactory service, but particularly for allowing my absence to attend a full-time course in Dental Public Health at Cardiff Dental School. I very much appreciate their generosity in granting this dispensation and hope that, in the fullness of time, I will be able to show that their trust has not been misplaced.

I remain,

Yours faithfully,

J.A. REECE, L.D.S., (U.Manc.)

Principal School Dental Officer

DENTAL INSPECTION & TREATMENT CARRIED OUT BY THE
AUTHORITY

ATTENDANCES & TREATMENT	Ages 5 - 9	Ages 10 - 14	Ages 15 & over	TOTAL
First Visit	1055	1228	358	2641
Subsequent Visits	1534	2592	664	4790
TOTAL VISITS	2589	3820	1022	7431
Additional Courses of treatment commenced	60	21	9	90
Total Courses Commenced	1115	1249	367	2731
Courses Completed				2170
Fillings in Permanent Teeth	1247	3126	1035	5408
Fillings in deciduous teeth	1057	33		1090
Permanent teeth filled	1067	2812	953	4832
Deciduous teeth filled	1006	33		1039
Permanent teeth extracted	109	456	136	791
Deciduous teeth extracted	1201	529		1730
General Anaesthetics	90	41	8	139
No. of emergencies	241	163	29	433

Number of pupils x-rayed	.....	234
Prophylaxis	.....	50
Teeth otherwise conserved	.....	299
Teeth root filled	.....	31
Inlays	.....	1
Crowns	.....	10

ORTHODONTICS:

New cases commenced during year ..	57
Cases completed during year	59
Cases discontinued during year ...	9
No. of removable appliances fitted	75
No. of fixed appliances fitted ...	28
Pupils referred to Hospital Consultants	1

Prosthetics	Ages 5 - 9	Ages 10 - 15	Ages 15 & over	TOTAL
Pupils supplied with F.U. of F.L. (first time)	-	1	-	1
Pupils supplied with other dentures (first time)	-	6	3	9
No. of dentures supplied (First or subsequent time)	-	9	5	14

ANAESTHETICS:

General Anaesthetics administered by Dental Officers - 126

INSPECTIONS:

(a) First inspection at school. No. of pupils	4498
(b) First inspection at clinic. No. of pupils	318
No. of (a) + (b) found to require treatment	3486
No. of (a) + (b) offered treatment	2979
(c) Pupils reinspected at school or clinic	16
No. of (c) found to require treatment	14

SESSIONS:

Sessions devoted to treatment	.....	991
Sessions devoted to inspection	.....	61
Sessions devoted to Dental Health Education		5

